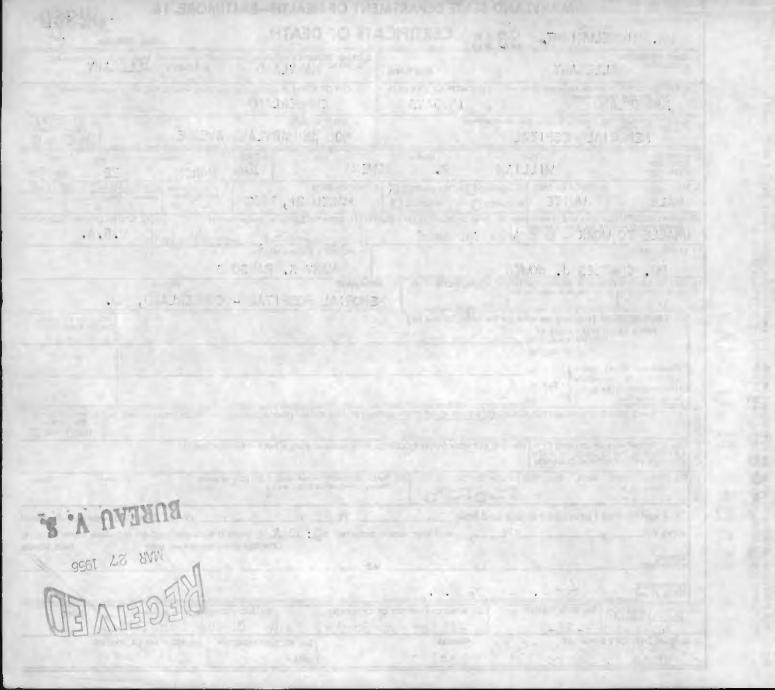
הטענים	T.	DR. HIMELUNICHT: 2345 CERTIFICATE OF DEATH	TIMORE, 18	02340 ist. No.
\	1.	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased on STATE MARYLAND)	l lived. If institution: Resider b. COUNTY ALL	nce before admission) EGANY
102		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write CUMBERLAND)	rate limits, write RURAL and	give nearest town)
60		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL d. STREET ADDRESS 508 76 MARYLAND	AVENUE	ON A FARM? YES NO
	3.	3. NAME OF DECEASED (Type or print) WILLIAM P. BOWEN 4. DATE OF DEATH	Manth MARCH	Day Year 22 19 56
		MALE WHITE WIDOWED DIVORCED MARCH 21, 1867	lost-birthday) Manths	Days Hours Min.
1	L	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign conducting most of working life, even if retired) UNABLE TO WORK - Odd jobs for Self Springfield, Wes		U.S.A.
		13. FATHER'S NAME DR. CHARLES J. BOWEN MARY K. PARSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT		
0		Yes, no. or unknown (If yes, give wor or dates of service) None MEMORIAL HOSPITAL -	CUMBERLAND,	MD.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under. DUE TO	*	INTERVAL BETWEEN ONSET AND DEATH
0	CERTIFICATION	Iying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE		T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	MEDICAL		or tawn) (4	Caunty) (State)
		SIGNATURE Large M Amor M.D. Cimberlan		last saw the decease he date stated above DATE SIGNE 3 / 2 2 / 5
	22	PHYSICIAN'S George M. Simons, M.D. 220. BURIAL CREMATION, 22b. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d LOCATIO		
		REMOVAL (Specify)	ion (City, town, or county) Imberland, MC RAR 24b, REGISTRAR'S SIG	
	-	James F. Scarpelli Cumberland Match 13.19	756 71 A. Gr	ant M.D.



M

VS ATS (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2407 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	before admission)		
_	Allegany		Md Allegany				
	b. CITY OR TOWN (IT outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16					
	Frostburg	T Day	Frostbur	257	d		
	d. NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		on a farm?		
	Miners Hospi	tal	207 Cente	r St.	YES NO		
	NAME OF FIRM	Middle	Lost 4	OF DEATH	Day Year		
L	(Type or print) Alvin		Bowser	March	23 19 56		
- F	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	7. ACE IIII SECTION IN CHARLES	FEAR IF UNDER 24 HRS.		
	Wale White WIDOW	ED DIVORCED	7-25-I898	57 yrs. Months	oys Hours Min.		
	00. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country) 12. CITIZ	EN OF WHAT COUNTRY?		
41	-	Pransportati	on Meversda	le Pa	A 20		
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		10 11x		
	John J. Bowser		Annie Bowm	ภภา			
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	Md.		
3	(Yes, no, or unknown) (If yes, give wer or dates of service)	000 70 4070	144 - 7 - 75	002 0 1	*		
-		220-10-4076	Ward Bows	er,207 Center St	Frostby		
1	18. CAUSE OF DEATH [Enter only one couse per li	ne for (a) -(b), and (c).)	1 2 4	0	ONSET AND DEATH		
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Cereley	ul accin	deul.	12 lus.		
4	144 d x DUE TO	/	A	Reday			
-		War tous!	alle ler	- and etter	General wo		
1	Conditions, if any, which gove rise to immediate (b)	The works	of charing	consulting.	Jeovor woo		
	cosse (o), stoting the under-	7 8		,	V		
-	lying couse lost.						
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY		
					PERFORMED?		
	20- ACCIDENT WAS INDERIVING FT. 201- 055	CRIDE HOW INTRIOS OCCURRE	D. (Enter nature of injury in Par	d Les Back II of James 19 1	113 11 110 11		
-[PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIDE HOW INJURY OCCURRE	D. (Enter noture of injury in For	I to to the it of them to '			
- 1							
		NURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town) (Con	inty) (Stole)		
п	Hour o. m. 19 White	1401 WILLIE	ctory, street, office bldg., etc.)				
	ž p, m, 17 of wo	()	-1 7,	- D 1100 53			
	21. I certify that I attended the decease	sed from	, 190 P, to 100	206 23, 1956, that I la	st saw the deceased		
П	alive on March 23 190	50 and that death	accurred at 6:35	M, from the causes and on the	date stated above		
-1				IDRESS (Street, city or town, state)	DATE SIGNED.		
-1	ACTUAL STA	Danie	タス	D. L Fai	the 12 8 3/01/		
-1	SIGNATURE TO COLOR	there is	M.D.	o a deco of in	12/14 00/7 0D		
-1	PHYSICIAN'S TO 1	17	n n on	1 6 4	1 1-1		
1	NAME (Type) - D M 74 3	DAVISIM) L Dr. B	AdweyTROST	UR9, MO.		
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or county)	(Stote)		
	Burial J-26-T956	"Odd Fello	ws Cemetery	Salishury	Pa		
	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Fros	thurg . Main REC'D !	BY REGISTRAR J 246, REGISTRAR'S SIGN	ATURE		
	J. 18. mattingly	23. E. Mai		26-56 W/ HADDA	11 N. Kas		
E	1 00						

CERTIFICATE OF DIATH

BUREAU V. S.

9961 # AAV

BECEINED

'd Fe.

VS A15 (4) 15M 9/55

M

02342

CERTIFICATE OF DEATH 2346

Reg. Dist. No.

	a. COUNTY			MARYLAN		USUAL RESIDENCE (WH	nere decease	d lived. If institution b. COUNTY			admission)
1	b. CITY OR TOWN (I	gany If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (IF o	outside carpo	prate limits, write R		Tord	est lawn)
	RURAL and give in		Hyndman								
1	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	lday oddress		d. STREET ADDRESS				T _e ,	IS RESIDENCE
	OR INSTITUTION	Sacred Hear	rt He	spital							ON A FARM? YES NO
	3. NAME OF DECEASED	Fic	1ì	Middle	Last 4. DATE Manth					Day	Year
	(Type or print)		nald	Dale	10	Bowser	DEATH	Marc	eh	11	19 56
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)			F UNDER 24 HRS.
	Male	White	WIDOW	ED DIVORCED		3/8/56		yrs.	Monins	Bays	Hours Min.
	during most of worl	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign c	puntry)	12. CITI	ZEN OF	WHAT COUNTRY?
1	None	KING INE, EVEN IT TEILING				Pa.					U.S.A.
	3. FATHER'S NAME		-		14	MOTHER'S MAIDEN	NAME		-		
	Tos	eph Bowser				Tva	Side	R			
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 11	, INFO		0 100	Add	ress		
5	(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None	Ch.	art					
ŀ	18. CAUSE OF DEA	ATH Enter only one co	use per li	ine for (a), (b), and (c).		a10				INTER	VAL BETWEEN
		TH WAS CAUSED BY:	Ť	000	0.	0	0				T AND DEATH
	7620	IMMEDIATE CAUSE (o		Willia	, , , , ,	esis ()e	Vene	-			- Lohna:
	Conditions if one which										
	Canditions, if any, which by the state of th										
	codse (b), stating	the under-									
	lying cause last.) (0		CONTRIBUTION TO DESTRIC		CONTRACTOR TO VICE TOOLS	NAME OF TAXABLE			1	Thirte distribution
3	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUINQI	KETALED TO THE LEKWI	INAL DISEAS	E CONDITION GIV	EN IN PARI	1(0) 17.	PERFORMED?
	5		001 000								YES NO
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	205. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature at injury in i	Part I ar Par	1 If of item 18.)			
		MEDICAL EXAMINER									
	20c. TIME OF INJUR	lY Month, Day, Ye 19	20d. I While at war	Not while		OF INJURY (Home, farm street, affice bldg., etc		y or town)	(C	ounly)	(State)
1		at I attended the		sed from Man.	. /	105% to 1	110.	11 100			. No december
		Aca it	4				-				
	alive on/	/Laces - u	125	Σ_{c} , and that de-	ain oc	curred at 11115.		m the causes of treet, city of town,		e date	stated above. DATE SIGNED
1	ACTUAL .		0	1.			ADDRESS (S	a A	Coc		DATE SIGNED
	SIGNATURE	Co reciona	- 1	· Vaine	M.D.	741	//	tulls.)_I.		3-12-56
	PHYSICIAN'S NAME (Type)	illiam P.	Iar	nes M.D.		Cun	bu	land,	mo.		
	22g. BURIAL, CREMATIC REMOVAL (Specify))F	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town,	ar county)		(State)
	Burial	13-12-	56	Hymn	100	2 Cometre	Hu	nama	m		13
	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1	7 240. REC	D BY REGIS	TRAR 246. REGI	STRAR'S SIG	NATURE	
	/tarre	1 H. Le	is	Ver Hyms	2010	110 MARCO	12,19	156 W.R.	Tran	6.	M.D.

the state of the second proper through the second state of the second

BUREAU V. S.

9591 8.1 AAM



M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2347

CERTIFICATE OF DEATH

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institution b. COUNTY	: Residence before admission)
ALLEGANM	MARYLAND	MARYLAND	J. COUNTY	ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	1	utside corporate limits, write RUR	(AL and give nearest town)
CUMBERLAND	16 HRS.		ERLAND, ruca	L X
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL		RT.#3 BEL	DFORD ROAD	YES NO
3. NAME OF First (Type or print) MILDREE	Middle LUGETTA	BRADY	4. DATE Month OF DEATH MA	Day Year RCH 12 1956
S. SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWE	DED NEVER MARRIED	8. DATE OF BIRTH	lost birthdoy)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b.			or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	Iome	MARYLA		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
HENRY COLEMAN		GRACE	BUTLER	
(Yes, no, or unknown) (Iff yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT Valter W.Br	ady Cumperla	27 12 2
Conditions, if any, which gove rise to immediate cosse (a), stoling the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONCONTRIBUTING CONTRIBUTING CONTRIBUT	ONTRIBUTING TO DEATH BUT BY LOPULUM RIPE NOW INJURY OCCURRE	e Purp	ura	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	Not while fo	ACE OF INJURY (Home, form ctory, street, affice bldg., etc.		(County) (State)
21. I certify that I attended the decease alive an 3 - 1 - 195 ACTUAL SIGNATURE WILLIAM F. WILLIAM	dentification and that death	n accurred at 8:358		that I last saw the deceased d an the date stated abave prej DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (State)
Burlal 3/10/06	Zion Hemor	ial Cem.	Gumberland	Md.
23. FUNERAL DIRECTOR'S SIGNATURE i. Lee Silcox Camber	ADDRESS	240. REC'I		RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificats be executed within 24 hours after death; Page 4 may be retained by the hasp for attending physician.

TO FUNERAL DIRECTOR After wis certificate has been signed by the attending physician and confetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cromation, or removal, and in any event within 72 hours, offer death. VS A15 (4) 15M 9/55

23.17 CERTIFICATE OF DEATH

YUMBUM			YVERE
	The state of the s		April 10
	100 MARCH 2000		man Julyan a
tell er s	Mary Comment of the C	5.00	
		Clare with processing	9111M 224
• • •	No. JYTU		
	1135A 30/57		DA 2400 MB 3

BUREAU V. S.

995T 9 F 8WF



2 M - 1 1 - 7 M 1 1 M

M

in by the funeral director, and 2 should be filed with

stely filled

y the attending physician and contract Then pteace remove carbon papevent within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

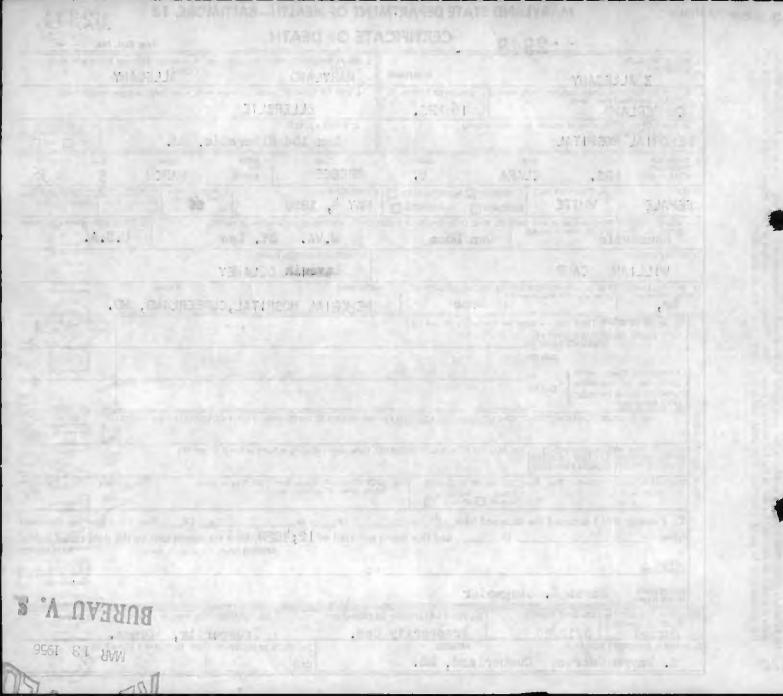
02344

		2:	348	CERTI	FICA	TE OF DEAT	H		Reg. Dist.	No.	4
1. (PLACE OF DEATH	GANY		MARY	LAND	2. USUAL RESIDENCE (WO. STATE MARYLAND	here deceased	b. COUNTY	LEGAN	before ac	smission)
1	RURAL and give near CUMBERLAND	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		ite limits, write RL	IRAL and giv	e negrest	lown)
40	d. NAME OF HOSPITA OR INSTITUTION MEMORIAL HO	L (If not in hospital, (SPITAL	give street	oddress)		d. STREET ADDRESS Box 154	Ellers1	Lie, Md.	/	0	RESIDENCE ON A FARM? S NO
3. 1	NAME OF DECEASED (Type or print) MR		LARA	Middle B•		BREESE Lost	4. DATE OF DEATH	Mont MAR		Day 9	Year 19 56
5. S	EMALE	6. COLOR OR RACE WHITE	7. MARK	ED DIVORCE	_	MAY 4, 1896	9	lost Saday)			JNDER 24 HR
10a	during most of working Housewif	g life, even if retired	1	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign cou			S.A.	HAT COUNT
13.	FATHER'S NAME WILLIAM	CAMP				14. MOTHER'S MAIDEN		Υ			
	WAS DECEASED EVER	IN U. S. ARMED FOI yes, give war or dates of		None), 17. IN	FORMANT MEMORIAL HOS	SPITAL,	Addr CUMBERLA).	
	PART I. DEATI	H WAS CAUSED BY:)	ne for (a), (b), and (c).	લ	muntoney	1. 7.			ONSET A	AL BETWEEN AND DEATH
	gave rise to im catse (a), stating th lying cause lost.	mediate	:)			- Lander reg		2	-		
CATION			IDITIONS_C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART	PE	VAS AUTOPS ERFORMED? S NO
L CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	UNDERLYING D CAUSE OF DEATH SEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in	Part I or Part I	II of item IB.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not white	20e. PLA faci	CE OF INJURY (Home, farr ary, street, office bldg., etc	n, 20f. (City o	ar tawn)	(Co	unty)	(Stat
200	actual signature physician's NAME (Type)	James G.	Stegm	aier	death_A	1955 ta_ occurred at 12;4 6	OPM, fram ADDRESS (SHE Centre	set, city or town,	nd an the	lond	DATE SIG
	BURIAL CREMATION REMOVAL (Specify) Burial	3/12/56)F	Prosper			_	on (City, town, o	Penna		(State)
23.	FUNERAL DIRECTOR'S H. Wayne		Cumbe	ADDRESS rland, Md.		24a. REC	D BY REGISTR	-17.1	TRAR'S SIGN	IATURE	$n \Delta$.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the diacth certificate be exampled within 24 hours often death; Page 4 may be retained by the hosp or attending physician.

TO FUNERAL DIRECTOR: After wis certificate has been signed by page 3 should be detached for use as the burial-transit permit. the registrar prior to burial, cremation, or remayal, and in any VS A15 (4) 15M 9/S5

or attending physician.



NSTRUCTIONS

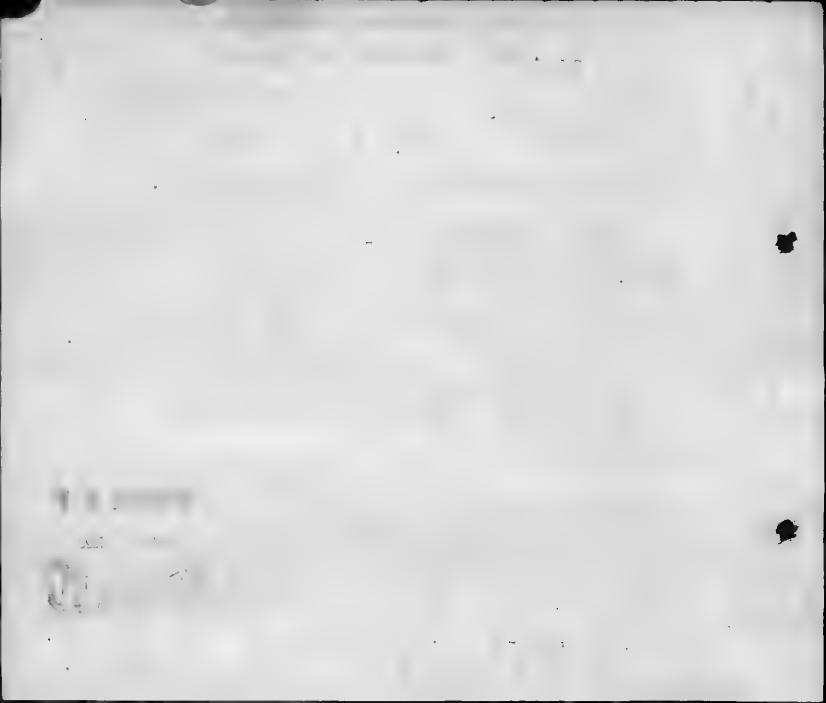
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2408

02345 Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED		
COUNTY Allegany	MARYLAND	STATE Marvl	and county I	Allegany		
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY (in this place)		CITY (If outside corporale limits, write RURAL and give nears			
OR and give meanest town) TOWN Frostburg	5 wks.		tburger bin,			
HOSPITAL OR) WITH #	STREET	(il rural give location	n)		
street Address Miners Hospit	คไ	ADDRESS	1 1 01			
	iddia)	L Wash	1 ngton St.	(Day) (Year)		
(Type or Print) EUGENE	В	RUNER	DEATH Marc	ch 12, 1, 56		
5, SEX 6. COLOR OR 7, SINGLE, MARRIED RACE, WIDOWED, DIVO	DACD			DER 1 YEAR OF UNDER 24 HRS.		
male white (Specify) Wid	owed 11-	18-1884	71 yrs. Months	Days Hours Min.		
done during most of working life, avan H OR II	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT		
la orer-Dve House Celan	ese Corp.	Marvlan	đ	USA		
13. FATHER'S NAME		14, MOTHER'S MAIDEN	NAME			
unknown		Sarah	Donahue			
	SOCIAL SECURITY NO.	17. INFORMANT & A	DORESS			
(Yas, no, or unk.) (If Yes, give war or dates of service) 22	0-10-2125A	Wm. Brun	er, Pittsburg	gh, Pa.		
P DISCASE OF CONDITIONS DISCASE SCADING TO DEATH	18. MEDICAL CER	TIFICATION	(7) (INTERVAL BETWEEN ONSET AND DEATH		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Cours	Find from	lista Dung	ilindo -		
MAMEDIATE CAUSE (A)	- yea	not mean	1 faction	7000		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Brond	hisfarth	ma	years.		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	Chron	ic Heart	disease	years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
198. DATE OF OPERATION 196. MAJOR FINDINGS OF	POPERATION			20. AUTOPSY?		
218. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home,	term fectory.	21c. WHERE DID INJURY OCCUR	? (City or town) (Co	ounty) (Stata)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi	ce bidg., atc.)			(2.0.0)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (21a, II While M. at worl	Not while	21f. HOW DID INJURY OCCUP	7			
22. I hereby certify that I attended the decease	ad from 11	10 5-3 10 3	112 10 -56 that	I last saw the deceased		
	11 1	- b E d c				
ative on 2 , 19 , and t	na dean occurred a	ADD!	CESS (Street, city, town, state)	DATE/BIGNED		
John 15 there	0 a M.D.	-71-v	no thurs m	2 3/14/50		
23. BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cour	nty) (Stata)		
REMOVAL (SPECIFY) Burial 3=15-56	St Michae	1s Cemetery	Frostburg	. Md.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Du. Michae	25. FUNERAL DIRECTOR'S		ADDRESS		
DATE 3-15-56 VIL HOLLO!	N. Kore	J. R. Du	rst, Frostbu	rg, Md.		



thin cor	njio čal	e 1	DR. VAN ORMERMARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02346
. 80		118	e: 20 Talk G195 4-640 45 CERTIFICATE OF DEATH	. 4
director led will		1 5	PLACE OF DEATH O. COUNTY ALLEGANY ALLEGANY	re admission)
be fi	Y	k	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary)	arest town)
e ful	1		CUMBERLAND 16 DAYS PETERSBURG d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS	e IS RESIDENCE
5. CA	3/		OR INSTITUTION MEMORIAL HOSPITAL 11 CENTRAL AVENUE	ON A FARM?
pub		3. 1	NAME OF First Middle Last 4. DATE Month Do	
5			DECEASED (Type of print) BETTIE GOLDIZEN BURGESS DEATH MARCH 2	7 1956
Pag		5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years left under 1 YEAR lost birthdgy) Months Doys	IF UNDER 24 HRS
ž			MALE WHITE WIDOWED DIVORCED 3-5-1889 835 045.	
g th			during most of working life, even if retired)	OF WHAT COUNTRY
3	1	_	FATHER'S NAME US NAME US NAME	n.
2 6 6	mount of the		CHRISTOPHER GOLDIZEN ANNIE RIGGLEMAN	
haur			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
72 v	7		NO NONE MEMORIAL HOSPITAL MEMORIAL & WARWICK	AVES
ptea			DART : DEATH WAS CAUSED BY O. I. I. T. T. Con last in the Con.	ERVAL BETWEEN
hen v			IMMEDIATE CAUSE (o)	o minu
r eve	V		Conditions, if any, which) to Personning Emplits with African, it list	7 duys.
6			gove rise to immediate	udi
a pu			course (o), storing the under- DUE TO Contrason Left clirt hall,	Mark
iaval, c	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
ar ren		CERTIF!	200. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Fell against hannistor	
natian		MEDICAL	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED Hour o m, While of work of work of work of work 7	(Stote)
Cren		\$		
riat,			21. I certify that I attended the deceased from 1 mm, 1956, to d 7 mm, 1956 that I last so alive on 2 mm, 1956, and that death occurred at 5 MM, from the causes and on the da	aw the decease
o o	,		ADDRESS (Street city or fown stotal	DATE SIGNE
בסב			SIGNATURE W. A. Von Orman M.D. Cumbrier mit. 2	7 22n.5
i.			PHYSICIAN'S NAME (Typo)	
- CO		220	D. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION IC by Jown of Equally	(State)
the			Burial Mar. 29, 1956 MX Carmel Petersburg	20.Va.
)		33	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATU	RE S
		15	fort former Hame Joynes 2000. Astral 28 1954 W.K. Trank	11.2.
		100		

POTE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02347	7
	DR. BALLIN 2350 CERTIFICATE OF DEATH Reg. Dist. No. 4	<u>/</u>
	ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission on STATE WEST VIRGINIA b. COUNTY MINERAL	n)
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIDGELEY RIDGELEY	
	NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MEMORIAL HOSPITAL - MEMORIAL AVE. 196 MAIN STREET ON A F. YES : 1	
	ME OF First Middle Last 4. DATE Month Day Yes OF DEATH MARCH 31 19	E4
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED AUGUST 25, 1879 9. AGE (In years IF UNDER 1 YEAR	24 HRS Min,
	SUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) RETIRED 12. CITIZEN OF WHAT COUNTRY VEST VIRGINIA U.S.A.	OUNTRY?
1	HENRY BYER 14. MOTHER'S MAIDEN NAME AGNES LOVE	
) .[AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address NO 16 year give wer or dotes of service) NO 217-10-4250 MEMORIAL HOSPITAL - CUMBERLAND, MD.	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COTONEL VOCULOT POCICONT DUE TO INTERVAL BETV ONSET AND D ONSET AND D ONSET AND D	
	Canditians, if ony, which (b) (b) OUE TO Out of the control of the	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES IN THE PERFOR	VEDS
	a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) EITHER, NOTIFY MEDICAL EXAMINER)	
	C. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar lawn) (Caunty) Hour a. m. 19 White Not while at work	(State)
	I. I certify that I attended the deceased from $6-1$, 1954 , to $3-31$, 1956 , that I last saw the delive an $3-31$, 1956 , and that death occurred at 10:25 PM, from the causes and an the date stated	eceased abave.
	ADDRESS (Street, city or fown, stole) M.D. 62 Grach St. Cu hardend, 171. 4.	E SIGNED
	Markitype) Ralph W. Bollin, I.D.	
	UR AL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) April 3, 1956 Lybarger Lutheran Cem. Madley Pa.	
	harles L. George Cumberlani, Md. 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cumberlani, Md.	2).

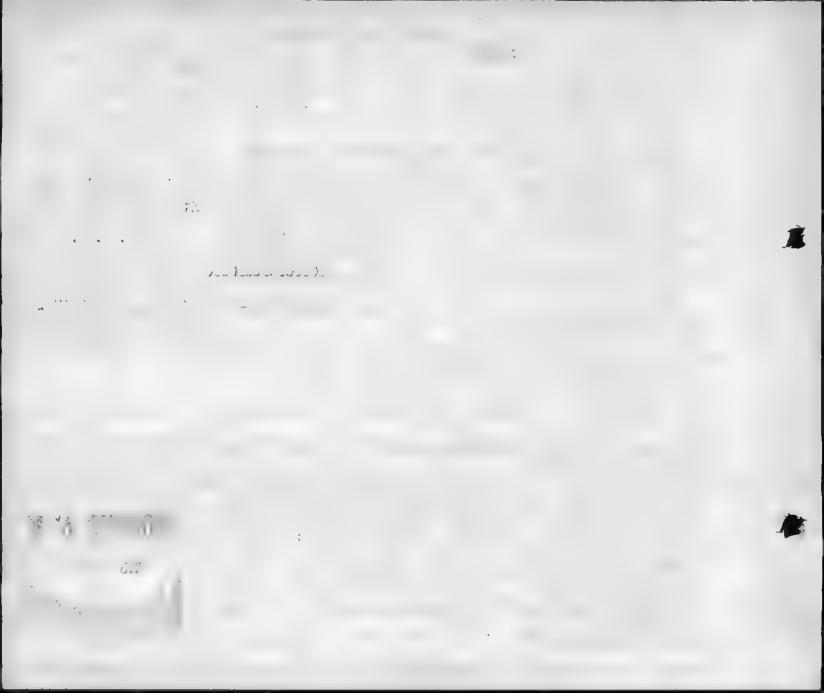
BUNCLU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND Allegany Allegany Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Cumberland. 3 davs Little Orleans d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Sacred Heart Hospital NAME OF Middle 4. DATE Day OF DEATH DECEASED (Type or print) Callen 19 56 Bernadine Rose 5. SEX 7. MARRIED TI NEVER MARRIED B. DATE OF BIRTH 5/13/ AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE Months Dovs 80x 75% WIDOWED [7] DIVORCED T Female. White popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? corbon pop during most of working life, even if retired) Own Home Maryland , Little Orleans, S.A. liousewi fe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Reel James Higgins é 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address fif was give wor or defea of service) None NO Patient's Chart INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line_for (a), (b), and (c).] ONJET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO codie (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, PERFORMED? NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Not while Hour o. m. While of work of work p. m. 21. I certify that I attended the deceased from 1/2 19 16 that I last saw the deceased and that death occurred at DM, from the causes and on the date stated above. alive on-**RDDRESS** (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 3 should FUNERAL JR. M.D CUMBERLAND JOHNSON. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cumberland, "aryland 1956 st. Mary's Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Jumberland. Md. John 15M 9/55

EDITEND I. E.

9901

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item , Film CERTIFICATE OF DEATH Within corporate itmit. Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) D. COUNTY o STATE filed b. COUNTY į ALLEGANY MARYLAND MARYLAND GARRETT erai b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 pe c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town O **CUMBERLAND** DAYS MC HENRY should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 MEMORIAL HOSPITAL YES NO NAME OF First 4. DATE Middle Lost Manth Day Yeor DECEASED (Type or print) DEATH 21 FRANK CALLIS MARCH 19 S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T lost birthday) Months Dovs Hours MAY WHITE WIDOWED MX DIVORCED KX yrs. MALE papers. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WEST VIRGINIA U. S. A. letired Farmer & Carpenter for Self Toour ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD CALLIS Anna Bullough EVARANTA E CONTRACTOR AND EVALUATION OF THE PARTY OF THE 0 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address HOSPITAL-WARWICK AND MEMORIAL No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if any, which ony gave rise to immediate **DUE TO** casse (a), stating the underlying couse lost. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Ü YES NO P 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) factory, street, affice bldg, etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 19 2 that I lost saw the deceased and that death occurred at 4:02P M, from the causes and on the date stated above. alive on.... ADDRESS (Street/city or town, stole) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNER (7) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) poge REMOVAL (Specify) 195 Hoves Cemeterv Hoves Marvland 23/FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within componete (trip) WMS. 2353 CERTIFICATE OF DEATH Reg. Dist. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY 6. COUNTY **ALLEGANY** MARYLAND Hampshire b. CITY OR TOWN (If autside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a RURAL and give nearest town)
CUMBERLAND 3 DAYS 20 BURLINGTON W VA. d NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE OR INSTITUT ON ON A FARM? MEMORIAL HOSPITAL YES NO T NAME OF First Middle 4. DATE Month Year DECEASED W CARSKADON JAMES (Type or print) DEATH 19 56 MARCH 6 COLOR OR RACE 7. MARRIED K NEVER MARRIED S SEX B. DATE OF BIRTH 1865 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS MALE last birthday) Months Hours Min. WHITE WIDOWED [DIVORCED [7] YES. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Own Farm Headsville, W. Va. USA carbon 14 MOTHER'S MAIDEN NAME SHEETZ ofter 13. FATHER'S NAME ISAAC CARSKADON move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Nane Memorial Hespita 18. CAUSE OF DEATH [Enter only one cause per_line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If ony, which gove rise to immediate **DUE TO** cotse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DA 20a. ACCIDENT WAS UNDERLYING DE 206. DESCRIBE HOW INJURY OCCURRED (Exter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc. Hour a.m Not while at work at work p. m 3.31, 1956 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 1:21P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S FUNERAL F. Williams. M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) poge REMOVAL (Specify) Burrial Headsville Church Cem Headsville West Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24g_ REC'D BY REGISTRAR VS A1S (4) Markwood Funeral Home, Keyser, West Virginia DATE 15M 9/SS

BURLAU V. E.

APR 4 L.

DECENTE!

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2354 CERTIFICATE	OF	DEA	TH
------------------	----	-----	----

	2	354 CE	RTIFIC	ATE	OF DE		Dist. No 4
1. PLACE C					. Irwital Presi	met move of area	William
	Allegany				36	2	
COONIT	utside corporate limits, wri	ite RURAL	I LENGTH OF		STATE Maryl CITY (Houtside or	and COUNTY A7	legany
	give necrest town)		(in this ple	ce)	OR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HOSPITAL	Cumberland	<u>d</u>		21 da	STREET Bart	On (If rure) give lo	cation)
INSTITUTION	I OR	- 4 1			ARRESTA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. NAME O	DATASI	n Ketrea	(Middle)		sst}	4. DATE (Month)	(Dey) (Year)
(Type or Pri	10 30 11	h a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OF DEATH Mar.	
5. SEX	1.6. COLOR OR		ARRIED	Chappe 8. PATE OF B			UNDER 1 YEAR IF UNDER 24
F.	RACE W	WIDOWED (Specify)	ARRIED, DIVORCED,		- 1875	Me	onths Days Hours A
10a USUAL OC	CUPATION (Give kind of		KIND OF BUSINESS	140	BIRTHPLACE (State or I	loreion country)	12. CITIZEN OF WHAT
/ done during	most of working life, as	van if	OR INDUSTRY	"			COUNTRY?
13. FATHER'S N	housewife		Own Heme		Barton 14. MOTHER'S MAID	Maryland	U. S. A.
13. FATHER'S N							
15 MAC BECE	James O,	Neal	16. SOCIAL SECUI	NAM NO	Martha 17. INFORMANT		
(Yes, no, or unk.)	4		40			1 431 Cumb	erland ST.
(Yes, no, or unk.			11000		WH. Ch	appell Cumserla	nd MD.
1 DISEASES OF	CONDITIONS DIRECTLY	LEADING TO DE	ATH 15. MED	IGAL GERTIA	ICATION		ONSET AND DEAT
f	MMEDIATE CAUSE	(A)	Your 2	chral	Mullo	rrhagh.	7 Kay
Al	TECEDENT CAUSE(S)	DUE TO	1	6 6	1/-		,
DISEASES OR G	ONDITIONS, IF ANY,	{B}	Lolre	Kerak	arrer	cosceres	
	RLYING CAUSE LAST.	DUE TO	Ch.	Page 1	2.	. and it	7
II OTHER SIGNII TO THE DEAT	ICANT CONDITIONS CO	(C)		cone	e /xy	ready c	7
TO THE DEAT	H BUT NOT RELATED TO CONDITION CAUSING DE		Ju	call	payo	hoseis	6 mo
190, DATE OF C			NGS OF OPERATION		7 /		20. AUTOPSY?
17							YES NO
216. ACCIDENT	WAS UNDERLYING DEATH OF MEDICAL EXAMINER	OF INJURY str	Home, farm, factory, est, office bldg., etc.)		WHERE DID INJURY OC		(County) (Stete)
210. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTII	ILIPY (Month) (Day)	(Year) (Hour)	While Not we at work et we	while	HOW DID INJURY OC	CUR?	
(IF EITHER, NOTIL	JOK! (Molilli) (Dey)	m. j		11/17	1056 10/1	121.23 1056	that I last saw the decea
(IF EITHER, NOTIL 21d. TIME OF IN			eceased from\$	12V - L.	, 17:"/: ; 10:::.#.	ere none and the supplication of the second section 1	
UF ETHER, NOTIN 21d. TIME OF IN 22. I heret	y certify that I a	ittended the d	eceased from	ccurred at A	304 M, from th	e causes and on the date	
21d. TIME OF IN 22. I here! alive on	y certify that I a	ittended the d	and that death o	ccurred aff	304 M, from th		
21d. TIME OF IN 22. I here! alive on	oy certify that I a	ittended the d	and that death of	M.D.	300 M, from th	e causes and on the date powers (Street, city, town, str Street, St.,	DATE SIGN
22. I heret alive on signat 23. BURIAL, CR REMOVAL	ey certify that I a land 22 the Little Ballon, DA	ittended the d	and that death of	M.D.	300 M, from th	e causes and on the date	DATE SIGN

INSTRUCTIONS

TO ATTENDING HHYSICIAN OR MONITAL The law require the death The bottom copy may be retained by the hospital or ethending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate by filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

I director, 'hied with

<u>}</u>

25

Palli

complet

papers.

corbon

attending physici n please remave

ģ

gned

ure nos been sig

certificate

detached

å prior

should may be retain 0 FUNERAL I

O

DIRECT

0

15M 9/55

ā

puo . 5

death funeral

offer

death certificate

that the

as Aller.

.wit

7

_

\$ 1 P



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2409 CERTIFICATE OF DEATH

02355

Reg. Dist. No.

	Items 9,14 F11mG194 3-19-56 et		
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY THERE O Allegany MARYLAND	STATE 1770 COUNTY ALLE	aph 4
	CITY (If outside corporate fimits, write RURAL / LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give neare	n lown)
	OR and give nearest lown) TOWN WESTERNERT 60 (/75	TOWN ILLESTERIC PORT	6/
	HOSPITAL OR	STREET (If reral give location)	/
	INSTITUTION OR STREET ADDRESS 422 SPRUCE ST	ADDRESS 42 V SPRUCE 2) /-
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
	(Type or Print) HARRY 65BORNE	CCC/C DEATH MARCH	× 10 1956
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
	1/14/2 White (Spacify) MARKIEN Clug	UST 7, 1999 76 7171 yes. Months	Days Hours Min.
	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even at OR INDUSTRY	11. BIRTHPLACE (Stafe of foreign country) 12.	CITIZEN OF WHAT
į /	refired Laberel-Rex. Cex. Celunese Corp	KARTON Md	71.5
permit.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Honey Brox	Lydia Spencer	,
T.B.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS LLC3 Lla	ruland Hup
	(Yes, not or unk.) (If Yes, give war or dates of service)	A Chipe Pena Wester	2 11 1
burial transit	18. MEDICAL CER	STIFICATION	INTERVAL BETWEEN
9	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1/2	ONSET AND DEATH
Se	HAR AMMEDIATE CAUSE (A) CHYONIE MYO	1 Carchtis	5 Pears
use	ANTECEDENT CAUSE(S) DUE TO	1. /	TKOLOG
ō	DISEASES OR CONDITIONS, IF ANY, (B)	Tritis	2 Inchia
	STATING UNDERLYING CAUSE LAST. DUE TO	arulic	Tream
detached	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-705 D	3, 02
5	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ermonia	1 Day
0	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	None		YES NO
should	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF HUJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County	(Stata)
certificate assembly 55 10M	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
Ē	M. at work at work		
a SS	22. I hereby certify that I attended the deceased from Jone 10) , 1951 , 10 Max 10 , 1956 , that I I	ast saw the deceased
ate		9:40 P.M. from the causes and on the date stated	
of H	SIGNATURE O 1 00 1	ADDRESS (Street, city, town, state)	DATE SIGNED
55 1	Haulathran M.O.	Predment W.Va	12 Mor. ATT
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county)	(State)
death A15C 1-	DUTION 13 MARCH SO Thilos	Censeley Wisternpe	nr lld
YS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
	DATE 3-13-56 Me your Relly	ICS /SULL WESTE	rin port



Chanevsville meth.

ADDRESS

(Stote)

(Stote) Penn.

22d. LOCATION (City, fown, or county)

24a, REC'D BY REGISTRAR

edford County,

24b. REGISTRAR'S SIGNATURE

0 **VS A15 (4)** 1SM 9/SS

page

REMOVAL-(Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

Hafer John J. Hafer



Hillcrest

Cumberland

ADDRESS

Buria

24g, REC'D BY REGISTRAR

245, REGISTRAR'S SIGNATURE

0 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer.

HAFERS

death.



After this IV at this

CHEY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02358

CERTIFICATE OF DEATH

2359			R	eg. Dist. N	lo
1. PLACE OF DEATH	2	USUAL RESIDENC	E (HOME) OF D	ECEASED	
COUNTY Allegany MARY CITY (If outside corporate limits, write RURAL OR and give neerest form) (In this rown Town 1 vr	OF STAY	STATE Maryland CITY (N outside corpore OR TOWN	te Jimits, write RURAL e		own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat	Chotelda	STREET ADDRESS R.F.D.	(If rurel give	va location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Catherine Matilde	Critza		4. DATE (Mor OF DEATH	ar 21	(Yaar) 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIR		AGE lest birthdey	IF UNDER 1 YE	
10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) House Wife 13. FATHER'S NAME		BIRTHPLACE (State or foreign Pennsylvania 14. MOTHER'S MAIDEN NA		12. 6	USA
William Hughs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or delas of sarvica) No.		Ma rgaret 17. INFORMANT & AD Melvin Cri		mberlan	d
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. ME	CONCY	Theposta	260		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	in Br	yourd terios	clirosi	8	?
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 1 195. MAJOR FINDINGS OF OPERATIO	ile of	sychose	-0		3 yrs
21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, ferm, facto	ry, 21c, V	WHERE DID INJURY OCCUR?	(City or town)	(County)	YES NO (Stefa)
		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from a live on 124, 1956, and that death signature	Sept.4	19 54, to The Car Address of Green		date stated al	
Burial 3/27/56 Zio	n Memorial	Cemtery	Cumberlan	d. Md.	(Stata)
124. REGISTRAR REGISTRAR'S SIGNATURE	f nn x	, funeral director's si Louis Stein.			ress

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death, certificate has been executed by the altending physician and completely filled in by the funeral demitor, the third certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24-hours The bottom copy may be retained by the hospital or attending physician. 0

Lafour

TA MINING

TO A STATE OF THE STATE OF THE

n Schrootz te limiz MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After To copy CERTIFICATE OF DEATH death. 2360 Reg. Dist. No..... 24 hour 1. PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED aff COUNTY STATE COUNTY MARYLAND hours (If outside corporate limits, write RURA) within CITY LENGTH OF STAY CITY (If outside ebsporate limits, write RURAL and give nearest town) director, OR (in-this place) OR TOWN UMB TOWN UMBERLAND 72 HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS within STREET ADDRESS MBIRD REE 3. NAME OF (First) (Middle) (Lest) DATE (Month) (Year) DECEASED (Type or Print) COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months (Specify) W/DOWE EMALL YIS. .5 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? use WIF DUSE WORK filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS certificate (Yes, not or unk.) (If Yes, give wer or dates of service) burial and 18. MEDICAL CERTIFICATION INTERVAL BETWEEN attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death DUE TO ANTECEDENT CAUSE(S) requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. attending DUE TO detached 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the e DISEASE OR CONDIT ON CAUSING DEATH þ P. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DIRECTOR: The law YES NO be retained should 21e. ACCIDENT WAS UNDERLYING 21b, PLACE illome, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or fown) (County) (State) executed OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) assembly 21d. TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED (Year) (Hour) 21f. HOW DID INJURY OCCUR? While Not while et work et work peen 22. I hereby certify that I attended the deceased from. certificate alive on the FUNERAL BIGNATURE 10 W certificate M.D. death BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Siete) A15C REMOVAL (SPECIFY) REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATUR

S'A III. III

87:

Storeties.

Within corporate	11	mų	MARYL	AND ST	TATE DEPA	RTM	ENT OF HEALTH	-BALTIM	ORE, 18		
7 75		DR. TAMES	2	361	CERTI	FICA	TE OF DEATH	1	R	eg. Dist. N	2361
Page director		LACE OF DEATH	ANY		MARY	LAND	2 USUAL RESIDENCE (WHO STATE PENNS)				
death:		CUMBERLAND"	de corporale limit town)	s, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF a		ils, write RUR	AL and give near	est lown)
by the		OR INSTITUTION MEI	not in hospital, gi MORIAL HE				d. STREET ADDRESS R.F.	D. #3		-	IS RESIDENCE ON A FARM? YES NO
illed in b		NAME OF DECEASED Type or print)	ANN/		Middle Me	DIE	HL tosi	4. DATE OF DEATH	MARCH	1 ^{Doy}	1 ₉ 56
d within	5. 5		.814TE	7. MARRIED WIDOWED [NEVER MARRI DIVORCE	- 1	MARCH 5, 189	1 1 4		UNDER 1 YEAR	Hours Min
nd court	10a	USUAL OCCUPATION (G during most of work ng li HOUSEWIFE	for even if relired)		Nursing		TRY 11. BIRTHPLACE (STOTE MARYLAN			12. CITIZEN O	WHAT COUNTRY?
ian ar carba after	13.	FATHER'S NAME DOUGLAS SON	MUEDVILLE	-			14 MOTHER'S MAIDEN N	T WALKER			/ 2 2 2
tifical physici move hours	15. IYe	WAS DECEASED EVER IN L		ES? 16. SOC	CIAL SECURITY NO	. 17. H	IFORMANT	I MALVEL	Address		-
ling p		NO		23	5-34-57	-	EMORIAL HOSPI	TAL - CU	BERLAN	D, MD.	
offend plea within		18. CAUSE OF DEATH (PART 1. DEATH W IMM		use per line fo	or (0), (b), and (c)]	0 %.				RVAL BETWEEN
of the There event		493 X	DUE TO		0		ZILACS				<u>La ay</u>
quires the		Conditions, if ony, w gove rise to immed cosse (a), stoting the un	Siote (Due To		Y'ac		- order				2 weeks
aw recan sician seen stransiti, and il, and	NO	PART II. OTHER SIG	(c) GNIFICANT COND		TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN	1N PART 1(o) 19	PERFORMED?
The Lands by has by has be natically may consider the contract of the contract	FICAT	20 ACCIDIO AND	25317712 5	201 0555011			·	B . M . E	101		YES NO
HAN: ficate the by	L CERTIFI	200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH I	200. DESCRIB	E HOW INJURY O	CCURRED	(Enter noture of injury in I	or for for ill of i	em io.)		
PHYSIC in use as remation	MEDICAL	20c TIME OF INJURY MA Hour a.m. p. m.	onth, Day, Year	While of work	RY OCCURRED Not white of work	20e. PLA foc	CE OF INJURY (Home, farm ory, street, office bldg., etc.	. 20f (City or tow	n)	(County)	(State)
Affer ned for riol, or			ottended the	deceosed	from Man	. 3	19 <i>56</i> , to 1	Mar. 4	, 19.5 Ce,	hot I lost sa	w the deceased
TTEN TOR: Jetocl To but		alive on Mer.		- 19.5	, and thot	deoth	occurred ot 6:05A	L_M, from the ADDRESS (Street, ci			e stated above. DATE SIGNED
OR A December of the prior		SIGNATURE CU L	lliam 1	P. Ja	mer	^	LD. 441 N.	Centre S	s. ('u	mberl	and, 3-6-
retain		PHYSICIAN'S NAME (Type) WI	LLIAM P.	IAMES				-			
moy be poge 3 the regit	220	BURIAL, CREMATION, 2 REMOVAL (Specify) // BURISA	Aar . 7, 1		c name of cem ion Mem		crematory 1 Cemetery	22d. LOCATION (Cumbe:			(Stole)
VS A15 (4) 15M 9/55	23	FEMERAL DIVECTOR'S SIG			ADDRESS umberla		240 REC'I	D BY REGISTRAR		AR'S SIGNATUR	(M. 2)
13M 7/33	=	1 14-1 161					1 *** US(// C	11/1/20	W ITT	The state of the s	1120

Mar- 3. 56 Mar. 4 HAI No Centre DE Com berland 3-6 32

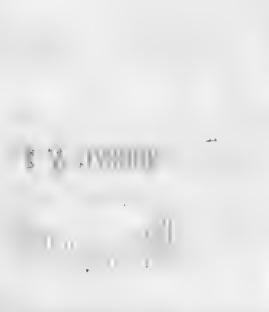
25

porate	Hr	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	023	62
		HIMMELWRIGHT 2352 CERTIFICATE OF DEATH	g. Dist. No.	4
	1.	PLACE OF DEATH O COUNTY ALLEGANY MARYLAND 2 USUAL RESIDENCE (Where deceased lived in institution Residence) NARYLAND B. COUNTY MARYLAND	Allegany	
5		RURAL and give COMBERLAND, MD. 7 DAYS CUMBERLAND	~ 4	
ă /	L	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL 950 MARYLAND AVENUE		ESIDENCE A FARM?
	3.	NAME OF First Middle Lost 4, DATE Month OF	Day	Year
		(Type or print) CHARLES T DIFFENDALL DEATH 3-	28	1956
	5. :		NDER 1 YEAR IF UN	
7	100	USUAL OCCUPATION (Give find of work done) 10h KIND OF BUSINESS OR INDUSTRY 11 BIOTHPLACE (Stoke or Foreign sountry)	2 CITIZEN OF WH	AT COUN
٤.,	1 F	during most of working life, even if retired) Builermaker Failroad PENNA. Chambersburg	U.S.A.	
I	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
~ ^	1	JOHN F. DIFFENDALL ELLEN M. LOUDENSLAGER		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Line, of unknown)		
	(1e	NO TOS-05-45 ES MEMORIAL HOSPITAL MEMORIA	AL AVENUE	
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL	BETWEEN
		PART I. DEATH WAS CAUSED BY: Internation a Af Isla of far a Michael to	ONSET AN	ID DEATI
		DUE TO		1
		Conditions, if any, which) (b)	1 ' /	
		gove rise to immediate (DUSTO		
		cover (o), stoling the under-		
0	IFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PER	S AUTOP FORMED?
	CERTIFIC	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work.	(County)	(Sto
		21. I certify that I attended the deceased from now 1954, to make 1956 the	at I last saw th	e dece
		alive on March 27, 19 and that death occurred at 6:25A M, from the couses and		
		ADDRESS (Street, city or Jown, state))	PATE SI
		SIGNATURE The following for fight M.D. 133 Virymia Free	3/	29/
		PHYSICIAN'S NAME (Type) G. Overton Himme Vericht, M.D. Cum heland nod		
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or cou	onty) (S	late)
	1	Burral 3-31-56 Rose Hill Cen. Hagersto.n.		
-	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Sepruelli C. mberland, id.	's SIGNATURE	9
	1	1 Jenhala 1,1956 W.K. T	rank, M.	01
1				

BUREAU V. E.

BREETA ELL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ADDRESS

Charles L. George, Cumberland, Maryland

24g. REC'DYBY REGISTRAR

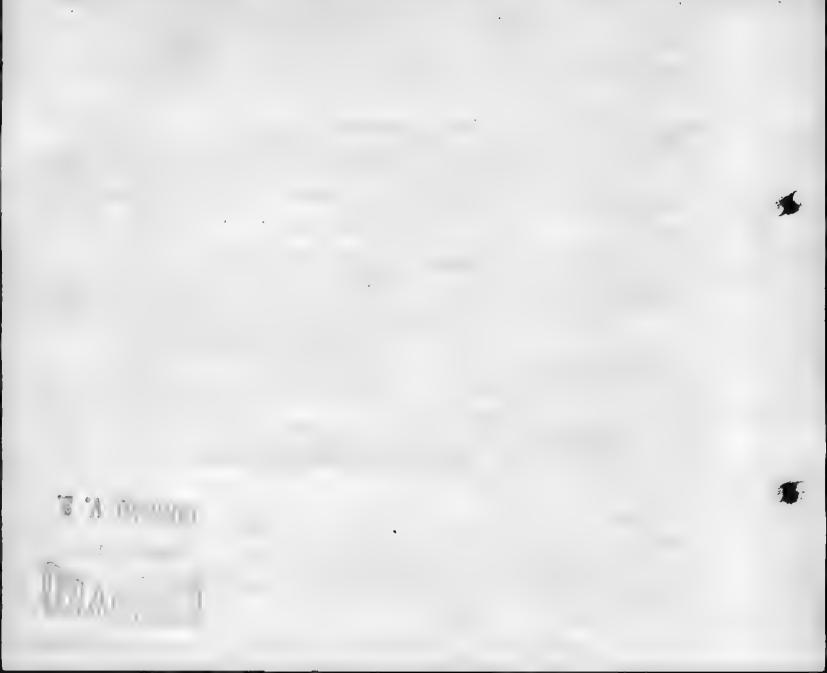
24b. REGISTRAR'S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

A &

15M 9/55



0	2	3	6	6	
---	---	---	---	---	--

Reg. Dist. No.

2365	CERTIFICATE	OF	DEAT	

	ly the funeral director,	2 should be (ifed with	M
	and completely filled in by the fune	son papers. Pages I and	ter death.
	the attending physician o	Then please remave carb	vent within 22 haurs after
menang puysician.	rificate has been signed by the attending ph	is the burial-transit permit.	in, ar removal, and in any e
וויתל סב ובותוובת סל וווב וותאו	O FUNERAL DIRECTOR: After THIS certifical	page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be tited	gistrar priar ta burial, crematian, ar removal, and in any event within 22 haurs aft
ביבל	O FU	poge	the re

TE BELLITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exmitted within 24 hours after death; Page 4 VS A15 (4) 15M 9/55

Marine (17 per)	
200 BURIAL, CREMATION, PENIOVAL (SPOETY)	Much 12, 1956
3. FUNERAL DIRECTOR'S S	IGNATURE

						_	_		a
/	22c.	NAME	OF	CEMET	ERY	OR (CREM.	ATOR	7
	7	ADDRES	2				~	1	ì

*	Cumb	uft.	and
24p. REC'	BY REGISTRAR	24b.	REGISTRAR"

'S SIGNATURE

	PLACE OF DEATH		2 USUAL RESIDENCE (Who	ere deceased fived. If institution	n: Residence before admission)	
	ALLEGANY	MARYLAND	o. STATE MARYLA	ND 6. COUNTY	ALLEGANY	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RU	JRAL and give nearest town)	
1	2 CUMBERLAND	2 DAYS	CUMBERLAND)	02	
-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RES DEN	
	MEMORIAL HOSPITAL		122 S.LIE	BERTY ST.	YES NO	
	NAME OF DECEASED (Type or print) MR e HERBER	Middle RT	EARSON	4. DATE Monti	Many	6
	SEX 6. COLOR OR RACE 7. MARR	IEDX NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24	
4	ALE WHITE WIDOWE		AUG. 20 , 1	890 last (Sighday)	Months Days Hours M	lin
le:	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COU	INT
>	Manager of New Gentre	news Compo	MARYLA	IND	U.S.A.	
1	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	JAMES EARSON		LUCINDA	WISE		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT	Addre		
	NO 2	14-05-5140	MEDIORIAL HOSE	PITAL, CUMBERLAN	ND,MD.	
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]			INTERVAL BETWEE	EN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Cerebral Hemm	orhage with r	ight hemiplegi	ONSET AND DEA	TH
	DUE TO					
	Canditians, if any, which) (b)	Generalized a	rterioscleros	is	20 yr.	
	gave rise to immediate DUE TO					
	lying couse last. (c)	none				
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE		
	none				PERFORMED YES \(\) NO	
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	art I or Part II of item 18)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	none		de-		
			ACE OF INJURY (Home, form,	20f. (City or town)	(County) (S	State
	Haur e. m. none 19 While at work	Nat while	ctory, street, office bldg., etc.			
	21. I certify that I attended the decease	ed from March 1,	195610 Ma to Ma	rch 8, 19 56	that I last saw the dec	901
	olive on March 8. 195	6 and that death	accurred at 10:15	Pu from the course of	nd an the date stated a	La
	1 7 / 3/	5.4		ADDRESS (Street, city or town, s		
	SIGNATURE / Harlenan	- 140 Be	dford St. Cu	mbeeland, Mary	land 3/9/56	
	.7		*************	particular and the second		
	PHYSICIAN'S J.P. Hallinan	M. D.				
0	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City, town, or	r corgnity) (State)")	-

3 'A 1111111118

1 35 30

				2365	CER	IIFICA	TE OF DE	AIR		Reg. Dist, I	No. 4
	1 P	COUNTY ^ 11	erany		M	ARYLAND	d. STATE		d lived. If institute b. COUNTY		· ·
*	ь	CITY OR TOWN (IF	outside carporate	limits, write	e. LENGTH OF ST	1	c. CITY OR TOW	N (If outside carpo	orate limits, write R	RURAL and give	negresi lawn)
100	d	NAME OF HOSPITA	2 - 17	ol, give street	address)		d STREET ADDI	_			e IS RESIDENO
	0	AME OF ECEASED		First	Mic	ddle	Lost	4. DATE	Villa: Moi		Day Year
	S. SI	ype or print)		Coddi ICE 7 MAR	ngton RIED NEVER MA	RRIED [B.	IS DATE OF BIRTH	DEATH	9 AGE (In years last birthday)		195
)	100.	T USUAL OCCUPAT O	N (Give kind of v	WIDOW		RCED	ay II	ISSS	70 yrs.	Months Day	N OF WHAT COU
1	Ţ	during most of work ONSEWLF ATHER'S NAME	ing life, even if re	tired)	Ounho .e		Oaklen 14. MOTHER'S MA	nd,r	rland.	US	
	15 1	I'h (omas Co	, XI	*	NO 17 IN	Cec	olia Ja	amison	Iress	· · · · · · · · · · · · · · · · · · ·
n	(Yes,	no, or unknown) [If yes, give wer or date	m of service)	. SOCIAL SECURITY	17. 114	Carl V.	Lnnis		cland.	ld.
		PART I. DEAT	TH WAS CAUSED IMMEDIATE CAU	8Y. SE (a)	(Laule	Con.	enter +	eust +	aulune		SO MUM
		Candilians, if ar gave rise to in catse (a), stating the lying cause last.	nmediate	(b) H4 E TO M	towalentes	Card	in Vannel	- Disen	ie-Ch	ionie	Years
3	CATION	Conditions, if or gave rise to in catse (a), stating t lying cause last. PART II OTH	ny, which nmediate he under-	(c) H	yoear Jub	Cand	OT RELATED TO THE	E TERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(c	19 WAS ALTO PERFORMED YES NO
3	CERTIFICAT	Candilians, if an gave rise to in catse (a), stating t lying cause lost.	ny, which nmediate he under-	(c) H	and .					VEN IN PART I(c	PERFORMED
3	L CERTIFICAT	Conditions, if or gave rise to in catse (a), stating t lying cause last. PART II OTH	IV, which need to be under: DU DU DU DU DU DU DU DU DU D	(b) HA E TO (c) CONDITIONS ATH ER)	CONTRIBUTING TO	20e, PLAC		ory in Part I ar Par	rt II of item 18)	VEN IN PART I(c	PERFORMED YES NO
3	MEDICAL CERTIFICAT	Canditions, if argave rise to in catte (a), stating the lying cause lost. PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m.	IV, which need to be under. Du Du Der Significant S UNDERLYING DO CAUSE OF DE MEDICAL EXAMIN Manth, Day,	(c) CONDITIONS 1 ATH 20b. DES ATH 20d. While at we	CONTRIBUTING TO SCRIBE HOW INJUR INJURY OCCURRED Not while of work	20e. PLAC	(Enter nature of in	e, farm, 20f. (Cih	y or town) The causes of	(Caun	PERFORMED YES NO
3	MEDICAL CERTIFICAT	Canditions, if ar gave rise to in catse (a), stating the lying cause last. PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 200. TIME OF INJURY Hour a. m. p. m. 21. I certify the alive an	IV, which need to be under. Du Du Der Significant S UNDERLYING DO CAUSE OF DE MEDICAL EXAMIN Manth, Day,	(c) CONDITIONS 1 ATH 20b. DES ATH 20d. While at we	CONTRIBUTING TO SCRIBE HOW INJUR INJURY OCCURRED Not while of work	20e. PLAC	(Enter nature of in	e, farm, 20f. (Cih	or town)	(Caun	PERFORMED YES NO
3	MEDICAL CERTIFICAT	Canditions, if an gave rise to in cate (a), stating to lying couse last. PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 200. TIME OF INJURY Hour a.m., p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION	in which namediate the under: DU DU DER SIGNIFICANT S UNDERLYING D CAUSE OF DE MEDICAL EXAMIN Manth, Day, at I attended Like S. Ouel	(b) LE TO (c) (c) CONDITIONS ATH 20b. DEE ER) Year 20d. While at wo the decea	CONTRIBUTING TO SCRIBE HOW INJUR INJURY OCCURRED Not while of work	20e. PLAC factor	(Enter nature of injury (Homery, street, office bleed) 19.54 19.54 10. /33 M.D.	e, farm. 20f. (Cih g., efc.)	y or town) The causes of treel, city ar town.	Caund that I last and on the	PERFORMED YES NO
	MEDICAL CERTIFICAT	Canditions, if ar gave rise to in cate (a), stating to the cate (b), stating to the cate (b), and the cate (b), and the cate (b), and the cate (c), and the cate (c)	IV, which namediate the under. DU	(b) LE TO (c) (c) CONDITIONS ATH 20b. DEERR 19 20d. While of wo the decea	CONTRIBUTING TO SCRIBE HOW INJURY INJURY OCCURRED Not while of work at work Manual Control Seed from January Manual Control Manual Co	20e. PLAC facte	(Enter nature of in E OF INJURY (How ity, street, office ble coccurred of 1954, to coccu	e, farm. 20f. (Cih g., efc.)	y or town) y or town) the causes of treel, city ar town, TION (City, tawn,	Caund on the	PERFORMED YES NO NO NO NO (Solution of the state of t

EAU V. S.

9501 62,

DAME:

ADDRESS

Jamperland, d

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

SAIT

3 %

corporate	111	nite	MARYLA	ND S	TATE DEPARTM	NT OF HEALT	H-BA	LTIMORE,	18		
, g			WED	CA	L EXAMINER'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	1237	0
Dun -	1,	PLACE OF DEATH	100			2. USUAL RESIDENCE (V	Where decea			before admis	isian)
p.g.			egany		MARYLAND	o. STATE Md.		b. COUNT	ATTO	cany	
R' /	1	CITY OR TOWN (If a	utside corporate limits, write R	URAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside cor	porate limits, write	RURAL and gi	ve nearest law	rn]
	0	2 Cumber	land		7 hrs.	(rural) (lumbe	rland		X	
	'	I. NAME OF HOSPITA	L OR INSTITUTION (IF	ot in hosp	ital, give street address)	d. STREET ADDRESS		D. /3Val.	Ley Rd	. / e. 15 RE	SIDENCE A FARM?
			l Hospital			Bormans	Addi	tion			ИО []
	3.	NAME OF DECEASED	First		Middle	Lost	4. DATE	Month	1	Day Ye	ear
	_	Type or print)	Gary			ntry	DEATH	Hau	cch	4 19	9 56
	5. !	EX	6 COLOR OR RACE 7	MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Da		R 24 HRS. Min.
		male		VIDOWED	Bayes .	Sept 28-19		5 yn.	Mphins Dd	ys Hours	MIII.
F	100	. USUAL OCCUPATION furing most of working	 (Give kind of work do: life, even if retired) 	ne 105. Ki	NO OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign	country)	12. CITIZE	OF WHAT	COUNTRY
,				I	lone			lid.	U.S	Α.	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	MANE			-	
¥ \			H.Gentry			l'ary l	L. Wei	mer			
1 /			I IN U. S. ARMED FÖRC		OCIAL SECURITY NO. 17. 8	IFORMANT		Address			
		no			one li	emorial No	spit	al recor	eds.		
4			Enter only one cause	per line fo	or (a), (b), and (c).]					INTERVAL BETWEE	EN TH
			I WAS CAUSED BY: MMEDIATE CAUSE (o) _	Shoo	er also 1st.	2nd & 3rd.	degr	<u>ee burns</u>	3	7 hrs	
		415,0	DUE TO								
√		Conditions, if on gove rise to immedi		of s	entire body,	except fee	t.				
		(a), stating the vi									
	_	couse lost.	(c)	Thre	w,gasoline	on fire in	yar	d, elothe	ea l	ght f	ire.
0	ATION	PARI II. OINE	K SIGNIFICANT CONDIT	IONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PART I	PERFOR	RMED?
	U	20g EXTERNAL CAUS	E WILE JOAL	DROCDIAN	HOW ISSUED OCCUPIED AS						NO 🔲
	CERTIF	PRIMARY TO OF CONT.	KIROLING T3.		HOWHITHEY OCCURRED. (E)(oys bu	ilt a	fir
	_	20c. TIME OF INJURY		SOL.	INC IN CAN W	as thrown	on i	ire,flai		-	loth
	MEDICAL	Hour To This		I AADHE	DIGI WILLS	ry, street, office bldg, etc.	4 1		(County	•	(Stote)
/	¥	3 pm l	ar.4 1956			r home.	_iC17	mberland	Alle	gany	1.19
					emains described abo					*, ond f	ind that
		death resulted t	rom: Noturol ca	uses	, Accident , Suis	ide ∐, Homicide	, LJ, U	ndetermined c	ouse .		
		ACTUAL -	/ 1/2 X	P	170	COURS AND				DATE SI	GNED
		SIGNATURE 7	. 1. 10.2	mc	711.6	_M.D. CHIEF MEDICAL EX	_				
		EXAMINER'S	7 T) 3	. 20		ASSISTANT MEDIC					
	220	NAME (Type) 1 .	Deming 1	<u></u>	ZC. NAME OF CEMETERY OR	DEPUTY MEDICAL					
	220	REMOVAL (Specify)						TION (City, town, o		(State))
	23	DUIT' 1 & 1 FUNERAL DIRECTOR'S		956	Davis Menori		near D BY REGIST		nd Mar		
				ישלותני	rland, Marylan	No.	1 10	CI ZI I	WAR S SIGNA	7 0	1
	L	ouncs r. S	OME POLLEY	Course 1	in aid, Nary Lail	TO THE CALL	16,19	J 6 1 WK	Tran	13,11)	12
							7	,	It fold	0	

	, P	LACE OF DEATH	A77.cm	0.1077	۵	MARYLAN	11 0	STATE M.d.		sed lived. If Institu b. COUNT				uian)
/	ь	CITY OR TOWN	ATTER:		IRAL C	. LENGTH OF STAY IN 1			_	porate limits, write				vnj
	*.	Lona Lona	coning			73 yrs.		Lonac						
			AL OR INSTITUTION (If not in hospital, give street address)			- 11	d. STREET ADDRESS Douglas Ave.					ON A FARM?		
-		IAME OF		First		Middle		Lost	4. DATE	Month		Day	Y	ear =
		FECEASED Type or print)	Eliza	abet	th	L.	G.	reen	DEATH	Marc	h	3	7	9 56
	5. S	EX	6. COLOR OR	PACE 7.	MARRIED	NEVER MARRIED	B. DATE	OF BIRTH		9, AGE (In years last birthday)	IF UNDER		- 1	R 24 HRS.
		Female	White	w	Kd3WODI\	3 DIVORCED □	Aug	.4-1882		73 yrs.	Months	Days	Hours	Min.
	IOo.	USUAL OCCUPATI	ON (Give kind of	work dan	e 10b. KIN	D OF BUSINESS OR IND	STRY 11.	BIRTHPLACE (State	or fareign (country)	12. CITI	ZEN OI	WHAT	COUNTRY
- 4		Housewi.	l e	,		<u></u>		Avilton	, Md .		U.	S.A	•	
	13.	FATHER'S NAME					14. M	OTHER'S MAIDEN	NAME					
2 -		Dav						Elizab	eth C	rowe				
		WAS DECEASED ET		D FORCE			INFORM			Address				
(4)		no			no		ion)	John Gr	cen, L	onaconi	ng, M			
-		18 CAUSE OF DEA	ATH [Enfor anly or ATH WAS CAUSED]				-						VAL BETWE	
		1 111 1	IMMEDIATE CAU	SE (a) _	C	oronary o	eclu	sion				S	udde	en
		4-20		E TO										
		Conditions, if a	diate couse	(p)	A	rterioscl	eros	1S				-	?	
				E TO										
		(o), stating the	underlying											
	z	couse last.	Underlying	(e)	IONS CONT	RIBUTING TO DEATH BU	T NOT REL	ATED TO THE TERA	VINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 11	9. WAS A	UTOPSY
	ATION	couse last.	Underlying		IONS CONT	RIBUTING TO DEATH BU	T NOT REL	ATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR		PERFO	RMED?
	IIF CATION	PART II. OT	HER SIGNIFICANT	CONDIT		RIBUTING TO DEATH BU					EN IN PAR		P. WAS A	NO 🔣
	<u>u</u> .	PART II. OT	HER SIGNIFICANT	CONDIT							EN IN PAR		PERFO	RMED?
	CERTIF	PART II. OT 20g. EXTERNAL CA PRIMARY G or CC CAUSE OF DEATH 20c. TIME OF INJU	HER SIGNIFICANT	CONDIT	DESCRIBE H	OW INJURY OCCURRED URY OCCURRED 206. F	(Enter no	ture of injury in Pa	ri I or Part II	of item 18.)	EN IN PAR		PERFO	RMED?
		PART II. OT PART II. OT 20g. EXTERNAL CA PRIMARY G OF CAUSE OF DEATH	HER SIGNIFICANT USE WAS NOTRIBUTING [] IRY Month, Do	CONDIT	DESCRIBE H	OW INJURY OCCURRED URY OCCURRED 200. F	(Enter no	ture of injury in Pa	ri I or Part II	of item 18.)			PERFO	RMED? NO 🔣
	MEDICAL CERTIF	PART II. OT 20g. EXTERNAL CA PRIMARY OF CCAUSE OF DEATH 20c. TIME OF INSL Hour a. m. p. m.	HER SIGNIFICANT USE WAS ONTRIBUTING [] IRY Month, Do	20b. I	20d. INJ While at work	OW INJURY OCCURRED URY OCCURRED 200. F	(Enter no	ture of injury in Pa INJURY (Home, for set, affice bldg., etc.	m, 20f. (Cit	of item 18.) y or tawn)	(Co.	onty)	PERFO	RMED? NO 🛃 (State)
	MEDICAL CERTIF	PART II. OT 20g. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify t	HER SIGNIFICANT USE WAS ONTRIBUTING [] IRY Month, Da	20b. I	20d. INJ While of work	OW INJURY OCCURRED URY OCCURRED 200. F Not white at wark nains described a	(Enter no	NUURY (Home, for let, affice bldg., et eld an Autap	m, 20f. (Cit	of (tem 18.) y or tawn)	(Cou	onty)	PERFO	RMED?
	MEDICAL CERTIF	PART II. OT 20g. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify t	HER SIGNIFICANT USE WAS ONTRIBUTING [] IRY Month, Da	20b. I	20d. INJ While of work	OW INJURY OCCURRED URY OCCURRED 20e. F Not white at work	(Enter no	NUURY (Home, for let, affice bldg., et eld an Autap	m, 20f. (Cit	of item 18.) y or tawn)	(Cou	onty)	PERFO	(Stote)
	MEDICAL CERTIF	PART II. OT 20g. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify t	HER SIGNIFICANT USE WAS ONTRIBUTING [] IRY Month, Da	20b. I	20d. INJ While of work	OW INJURY OCCURRED URY OCCURRED 200. F Not white at wark nains described a	(Enter no	NUURY (Home, for let, affice bldg., et eld an Autap	m, 20f. (Cit.	of item 18.) y or tawn) nspectian ,, ndetermined c	(Cou	onty)	PERFO	(Stote)
	MEDICAL CERTIF	PART II. OT 20a. EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH 20c. TIME OF INSI Hour a. m. p. m. 21. 1 certify t death resulted	HER SIGNIFICANT USE WAS ONTRIBUTING [] IRY Month, Da	20b. I	20d. INJ While of work	OW INJURY OCCURRED URY OCCURRED 200. F Not white at wark nains described a	(Enter no	NUTY (Home, for each of the ea	m, 20f. (Cit	of item 18.) y or tawn) nspection , , ndetermined c	(Cou	onty)	PERFO	(Stote)
	MEDICAL CERTIF	PART II. OT 20g. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour a. m. p. m. 21. I certify t death resulted	HER SIGNIFICANT USE WAS ONTRIBUTING [] IRY Month, Da	20b. I 20b. I 19 arge or ural car	20d. INJ While of work f the rer uses [2],	OW INJURY OCCURRED URY OCCURRED 200. F Not white at wark nains described a	(Enter no	NJURY (Home, for set, affice bldg., et all an Autap Hamicid CHIEF MEDICAL E	m, 20f. (Cit.) Sy , L e , U XAMINER CALEXAMINI	of item 18.) y or tawn) nspection , , ndetermined c	(Cou	onty)	PERFO	(Stote)
	MEDICAL CERTIF	PART II. OT 20a. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INSI Hour a. m. p. m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Typo) II. BURIAL CREMATE	HER SIGNIFICANT USE WAS NATRIBUTING D IRY Month, Do hat I taak che d fram: Natural V Demit	20b. I 20b. I 19 orge or 19 orge or 19 orge orge orge orge orge orge orge orge	20d. INJ While of work f the rer uses **,	OW INJURY OCCURRED URY OCCURRED Not white at wark at wark Accident , S	(Enter no LACE OF I colary, street Daye, houicide [M.D.	INJURY (Home, for set, affice bldg., etc.) eld an Autap Hamicid CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL TORY	m, 20f. (Cit.) EY , L E , U XAMINER CAL EXAMINER EXAMINER 22d. LOCA	of (tem 18.) or town) Inspection , , , , , , , , , , , , , , , , , , ,	Inquir ause	onty)	and f	(Store)
	MEDICAL CERTIF	PART II. OT 200. EXTERNAL CA PRIMARY OF CCAUSE OF DEATH 20c. TIME OF INSI Hour a. m. p. m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) II BURIAL (SADecify) ULT 1 2.1.	HER SIGNIFICANT USE WAS NATRIBUTING D IRY Month, Da that I taak chuld from: Natural	20b. I 20b. I 19 arge of iral cause of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20d. INJ While of work f the rer uses **,	OW INJURY OCCURRED URY OCCURRED Not white at wark nains described at Accident , S	(Enter no LACE OF I colary, street Daye, houicide [M.D.	INJURY (Home, for set, affice bldg., etc.) eld an Autap Hamicid CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL TORY	m, 20f. (Cit.) sy , L e , U XAMINER EXAMINER EXAMINER 22d. LOCA R • F •	of (tem 18.) y or town) Inspection , , , ndetermined co R	Inquir ause Ch Ch Ch Ch Ch Ch Ch Ch Ch C	onty) y 1 3-19	performer of the perfor	(Store)
	MEDICAL CERTIF	PART II. OT 200. EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH 20c. TIME OF INSL Hour a. m. p. m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) III BUENAL (Stoethy ULT 12.1 FUNERAL DIRECTOR	HER SIGNIFICANT USE WAS NATRIBUTING D IRY Month, Da At I taak chuld fram: Natural N	20b. I 20b. I 19 orge of 19 orge	20d. INJ While of work f the rer uses (2),	OW INJURY OCCURRED URY OCCURRED Not white at wark at wark Accident , S	(Enter no LACE OF I colary, street Daye, houicide [M.D.	INJURY (Home, for set, affice bldg., etc.) eld an Autap Hamicid CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL TORY	m, 20f. (Cit.) By , L By , U XAMINER CAL EXAMINER 22d. LOCA R F BY REGIS	of (tem 18.) y or town) Inspection , , , ndetermined co R	Inquir ause Ch Ch Ch Ch Ch Ch Ch Ch Ch C	onty) y 1 3-19	performer of the perfor	(State) (State)

261 *A ≥ 20 s

1.1

-7 4 1 3 \$

b 8 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A THURS

1. PLACE OF DEATH

COUNTY

TOWN

3. NAME OF

S. SEX

male

HOSPITAL OR INSTITUTION OR STREET ADDRESS

DECEASED (Type or Print)

13. FATHER'S NAME

(Yes, no, or unk.)

Allegany

Frostburg

(First)

Richard Gunter

(If Yes, give wer or dates of service)

22. I hereby certify that I attended the deceased from

DATE THEREOF

3-12-56
REGISTRAR'S SIGNATURE

THOMAS

Miners Hospital

(If outside corporete limits, write RURAL end give nearest town)

6. COLOR OR

10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if

. IMMEDIATE CAUSE ANTECEDENT CAUSE(S)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING [] CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day)

19a. DATE OF OPERATION

alive on ...

BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24. REC'D BY REGISTRAR

ratired Custodian

white

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2411 CERTIF

MAI

LENGT (in

Middle

10b. KIND OF BUS OR INDUSTRY

16. SOCIAL

216-2 18.

Republica

SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) married

196. MAJOR FINDINGS OF OPERA

21b. PLACE (Home, farm, fa

OF INJURY streat, office bldg.

21e. INJURY O While at work

NAME

02374

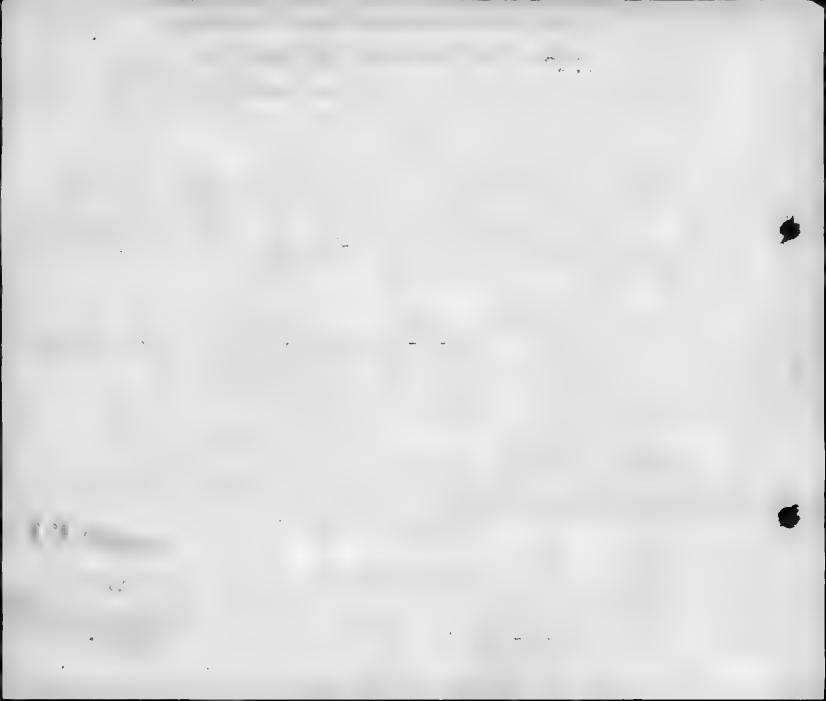
CAII	e Of DEA	AIH		9				
		R	eg. Dist. No.					
	2. USUAL RESIDI	ence (Home) of D	ECEASED					
YLAND	STATE Maryland COUNTY Allegany							
I OF STAY	CITY (If outside cor	porata limits, write RURAL e	nd give neerest town)					
days	TOWN F	rostburg						
	STREET ADDRESS	(If rurel giv	re location)					
		2 College A						
	(Last)	4. DATE (Mor	ith) (Dey)	(Year)				
	VTER	DEATH]	March 9	, 19 56				
8. DATE C	OF BIRTH	9. AGE fast birthday	Months Devs	IF UNDER 24 HRS. Hours Min.				
1 11-2	22-1888	67 yrs.	Months Deys	Hours Min.				
NESS	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE	N OF WHAT				
n Club	Maryla	and		USA				
	14. MOTHER'S MAIDER	N NAME						
	Mary Ann	n Yates						
SECURITY NO.	17, INFORMANT &	ADDRESS						
22-6523	Mrs. Ne	ellie Gunte	er, Fros	tburg, M				
MEDICAL CEI	RTIFICATION	0/ '		RVAL BETWEEN				
ardy	1) Trisus	Pherene	. //	USE				
	- /	- There is		-011-0				
reste	need		30	pears				
			11					
			ĺ					
TION			20	, AUTOPSY?				
			YES					
ctory, alc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stata)				
CCURRED Not while at work	21f. HOW DID INJURY OCC	UR7	-					
	- 17° - 17°	10. 6 05%						
	2, 1926, to 73. 11.23 PM, from the							
in occurred al		causes and on the c DRESS (Street, city, tow		DATE SIGNED				
) M.D.	1-10	& bus;	m 1/ 2	nax 12160				
OF CEMETERY OR	CREMATORY	LOCATION (CAY, town	n, or county)	(State)				
. Memor	rial Park	Frosth	urg, Md.					
<u> </u>	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS					

J. R. Durst, Frostburg, Md.

burial transit permit. FUNERAL DIRECTOR: The law requires that the death certificate be filled certificate has been executed by the attending physician and completely death certificate assembly should be detached for use as a burial transit per The bottom copy may be retained by the hospital or attending physician,

OR HOSPITAL

ATTENDING PHYSICA



237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. Allegany PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived. If institution: Residence before admission) o. COUNTY **含含含性生物性生物的含**类 6. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negtast form) Cumberland rural Rawlings Station 10 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS on arrival, Sacrel Heart Hospital-Teyser, W. Va. 3 NAME OF DECEASED (Type or print) Helenc Marie Hansel DEATH March 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR female Months WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Hd. Houseville Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hartin Sperlein Helene Loneice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (husband) John W. Hansel, Rowlings none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage (apoplexy) IMMEDIATE CAUSE (o) DUE TO Arteriosclerosis with hypertention. Conditions, if any, which] gave rise to immediate cause DUE TO (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING (CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) factory, street, office bldg., etc. al work of work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection # 1, Inquiry A, and find that forwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes [7], Accident , Suicide , Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S H. V. Deming NAME (Type) DEPUTY MEDICAL EXAMINER Harch 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 3/9/56 Burial Hillcrest Burial Park Cumberland. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Ild.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Allegany

TI.S.A.

(County)

. IS RES DENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

about

PERFORMED? NO 图

DATE SIGNED

(Stole)

(State)

hr.

IF UNDER 24 HRS.

VS. A15ME(5) 5M 9/55

T'A OF LIME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate timita CERTIFICATE OF DEATH 2373 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY 6. COUNTY MARYLAND ALLEGANY W. VA. b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND I DAY PAW PAW d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MEMORIAL HOSPITAL Route 9. YES THE NO 3. NAME OF **First** Middle 4. DATE last Month Doy Yeor DECEASED (Type or print) **MENDERSON** DEATH MARCH NELLIE Ma 19 5. SEX 6. COLOR OR RACE IF JNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (n years Months Days Hours FEMALE AUG. WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) W. VA. Mt. Union Own House U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vertie Kidwell PERRY ALDERTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WARWICK AND MEMOTIAL AVES. MEMORIAL HOSPITAL . 0 0.16 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Quie Turkerony 422.1 DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO cotse (a), stating the underlying couse lost, 9/ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BEYNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO TH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc. Hour a. m. Not while of work at work p. m. 3-19-1956 that I last saw the deceased 21. I certify that I attended the deceased from alive on $M_{\rm c}$, and that death occurred at 7:55P.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER. 22a. BUR AL, CREMAT ON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Nt.Union Catletery Stresville 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

VII A15 (4) 15M 9/55



After death. 72 hours director, within registrar by the f å.5 with filled Filed belif ÷ physician. or attending death requires that the FUNERAL DIRECTOR: The law be retained The bottom copy

completel

and

physician

use

attending pleated for a

‡

should I

detached

8

certificate assembly

A15C

peen

certificate has death certific A15C 1-55 10M

this sit

ö copy

TOWN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Withh comprete the BMER Item & Filmol9 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O. STATE VA. filed COUNTY MARYLAND ALLEGANY funeral uld be fi CITY OR TOWN (f outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) I DAY ROMNEY CUMBERLAND NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 25 MEMORIAL HOSPITAL NAME OF Middle 4. DATE DECEASED MR. HINES **EDWARD** DEATH (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1872? MALE DIVORCED [WHITE WIDOWED [7] poper 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Dealer ROMNEY. W. VA unber Lumber ŏ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Thomas MM HINES attending physical of the second of the seco 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL, CUMBERLAND, MD, None No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' 166-1 Conditions, if ony, which (b) gove rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month. Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while ol work of work p. m. 21. I certify that I attended the deceased from detached to burial. and that death occurred a 10PM M, from the causes and an the date stated above. DIRECTOR:

DR. W.A. VAN ORMER

6

ADORESS

Romney, W. Va.

22c. NAME OF CEMETERY OR CREMATORY

Ebenezer Cemetery

b. COUNTY HAMPSHIRE e. IS RESIDENCE ON A FARM? YES NO F Menth Year Day MARCH 19 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost by thday) Months Days Hours YES. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES TO NO IT (County) (Stote) ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stole) Romnev. W. Va. 24a. REC'D 8Y/REGISTRAR 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No.

0 VS A15 (4) 1SM 9/55

shauld noy be refai

O

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Burial

Mervl

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

MXEXXXXX

Harch

220. BURIAL, CREMATION, 22b. DATE THEREOF

Combs

* * * *

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02379

2375CERTIFICATE OF DEATH

hours after or death. After third copy o	2375CERTIFICATI	Reg. Dist. No
4 40		
전 발표	COUNTY 110 CARY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE anyland COUNTY Allegany
hours ctor, it	CITY (If outside corporate limits, write RURAL CENGTH OF STAY (in this place) TOWN	CITY (Il outside corporate limits, write RURAL and give nearest town) OR TOWN
ed within 72 hour director,	Hospital OR	Cumberland
within 7	INSTITUTION OR STREET ADDRESS 7 Jast Elder Street	STREET (Herural giva location) 7 East Elder Street
fun	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
a be trar he	(Type or Print) EDITH MAY HUTT	DEATH March 31 19 56
regis by t		OF BIRTH 1858 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
· 章 语 · · · · · · · · · · · · · · · · ·	remale "hite (Specify) farried Apr. 2	Months Days Hours Min.
U =	10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT
First And The Party And The Pa	retirad)	Town Creek, "aryland U.S.A.
ed will y fille permit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
# # # # # # # # # # # # # # # # # # #	LATEL DE FINEACH	ELILA LAVIGIA ACCEZZ
sician. ate be fil complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 7 Fast Elder Stron
ysical Cate	(Yes, no, or unk.) (If Yas, give wer or dates of service)	Blicha C. Liff, Cumberland, waryl
and and bur	18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
A Ging	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
fearl fearl sicie	1122 PIMMEDIATE CAUSE (A) CLUTC	we Miffreardiles (gea)
The or aff	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
다른 Tark	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
PITA nospita es tha fendin	(C)	
the hospit quires that a attendial	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- 0 H 0 - 1 0/1
T: 0 V	DISEASE OR CONDITION CAUSING DEATH.	efoto Elever & Thous
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO TA
retained is The law		21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
CLAN s retaine R: The ecuted by shoul	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	
SICI be r OR:	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
May be RECTOR seen execution assembly	M. at work at work	
	22. I hereby certify that I attended the deceased from	31, 19.56, to 3.31, 19.56, that I last saw the deceased
5 9 0 0 m # 4	after the Country of	t// P.M. from the causes and on the date stated above.
bottom cop NERAL D ificate has th certificate 1.55 10M	EUGNATURE	ADDRESS (Street, city, lown, state) DATE SIGNED
SS	11/ Streson D M.O.	Cumberland Md 4-3-56
ATTENDING he boftom copy RUNERAL DII ertificate has b loath certificate isc 1.55 10M ****	23. BUTAL CREMATION. DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
A	Burial / Apr 4 1956 VHillcrest	Burial Park Cumberland, Maryland
T Z	24 REC'B BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Therie 4, 1956 Minter K. Frank, M.L.	John Jafer, Cumberland, Jaryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2412 CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH		2, USUAL RESIDENC	E (HOME) OF DECEASE	D
COUNTY Allegany	MARYLAND	STATE Marvla	and county All	egany
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (Il outside corpore	te limits, write RURAL and give ne	
OR end give neerest town) OR TOWN Frostburg	(in this place) Lifetime	OR TOWN Frost	- harace	
HOSPITAL OR	INTIGITUE	STREET	(fi rurel give focation)	
INSTITUTION OR TO STREET ADDRESS		ADDRESS	7 -1- 04	
	Middle)	(Lest)	elsh Street	(Dey) (Year)
DECEASED	ATO BIE)		OF	(pay) (real
(Type or Print) Catherine		Jack	DEATH March	5th. 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVE	ORCED.		AGE last birthday IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Female White (Specily) Sir	ngle Nov.	28th, 1883	12 yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b, KINE	OF BUSINESS	11. BIRTHPLACE (State or foreign	country] 1	2. CITIZEN OF WHAT COUNTRY?
Milited Ret. Teacher School	ol Teaching	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Samuel Jack		Mary Mona	han	
	SOCIAL SECURITY NO.	17, INFORMANT & AD	TT MOTO	h St.,
(Yas, no, or unk.) (If Yes, give wer or detes of service)		J.Wm. Dela	aney, Frostbu	rg. Má.
	16. MEDICAL CER			I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		1		ONSET AND DEATH
* IMMEDIATE CAUSE (A)	queen e	OF OUR.	~ ~	10 HOPS.
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST, DUE TO				
			. /	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	renivacle.	notic Alm.	et disease	
196. DATE OF OPERATION 196. MAJOR FINDINGS C				ZD. AUTOPSY?
				YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IFF ETHER, NOTIFY MEDICAL EXAMINER)		ic. WHERE DID INJURY OCCUR?	(City or town) (Cou	nty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While the	Nol while	IF. HOW DID INJURY OCCUR?		
		w55 \Z		1
22. I hereby certify that I attended the decease				
	that death occurred at		uses and on the date state	
SIGNATURE 7	. 1	7 ADDRI	ESS (Street, city, town, state)	DATE BIGNED
23. BURIAL CREMATION. DATE THEREOF	M, D,	PENATORY	LOCATION Kily, town, or county	() (State)
REMOVAL (SPECIFY)				`. <u>.</u>
Burial 3 - 8- 56	St.Michael	's Cemetery	Frostburg,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	N/D	25. FUNERAL DIRECTOR'S SI		ADDRESS
DATE 5-5-50 MILL MALLO	11 N. W.19	Joseph R.	Durst, Frost	burg, Md.

C.

V11-	SU	que	4 4	anii i	MARYL	AND S	TATE DEPAR	TME	NT OF HEALTH	H-BA	LTIMORE,	18 02	238	2	
		7			237ME	DICA	L EXAMINE	ER'S	CERTIFICA1	E OF	DEATH	Reg. Die		2	4
should		J	1.	PLACE OF DEATH 2. COUNTY	Allegan	У	MARY	LAND	2. USUAL RESIDENCE (W	/here deced		VALLe			ion)
age , rial,	1	- 1000		o. CITY OR TOWN III	autode corporate fimits, write	RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF	outside cor	porate limits, write	RURAL and	give neo	rest tow	n}
P. P.	ĺ	A.	_		rland		14.1/2 h			erla	nd				
director director lles.				Sacred	Heart Hos	pita.	pital, give street address)	d. street address 1003 I.exi	ngto	n Ave.				FARM?
uneral vaur f yaur f	,	7	7	NAME OF DECEASED (Type or print)	Edgar Fin		Middle Durell		Johnson	4. DATE OF DEATH	Month		Day 7	Yes 19	56
d far			5.	SEX _			DE NEVER MARRIED				9. AGE (n years lost britished)	Months C			R 24 HPS. Min.
T F			10-	male	white	WIDOWED	CH	_ ,	an.11-1918) - jui				
and?		i		Branellan	g life, even if retired)		ild . R . Ry .	NDUSII	Lanesvil	le,M	•		. S.		OUNTRY?
1, 2, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	-		13.	FATHER'S NAME	anh C Tab	maan			14. MOTHER'S MAIDEN N						
ages 1)	15		eph S. Joh		SOCIAL SECURITY NO.	17 10	Anna Uh	Tre	Address				
Pool		1	(/+	Zes	(If yes, give war or dates of s	ervice)		1	ife)Hary L	.John		aber!	and	,1:d.	•
P.M.3					TH [Enter only one could be co				,				INTERYA ONSET,	L BETWEEN	H
E E		,			IMMEDIATE CAUSE (0)	Int	ra-abdomi	nal	hemorrhag	e,al	so	lbout	丁ラ	ho'	rs.
in Ite with f		V		Conditions, if a		Rui	ptured bla	add	er						
pencil along burial				(a), stating the cause last.			ushed pel			ccid	ent)		3-6	6-1°	253
office of as a		2	ATION	PART II, OTH	IER SIGNIFICANT CONE	OITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PART		WAS AL	MED?
'pend niner's			CERTIFIC	20a. EXTERNAL CAL PRIMARY 13 or CON CAUSE OF DEATH.	ISE WAS				nter nature of injury in Port			pplie	d po	01.703	
Fxor			1 .	20c. TIME OF INJUI	1~			e. PLAC	E OF INJURY (Home, form,	20f. (Cit		(Cour	,	-0"	(Stote)
) m		¥	MEDICAL	6.45 p.m.	3_6 195	White		facta	ry, street, office bidg., etc.)	i	idgelev.	Mino	n n 7	*.7	Tra
Pog P					of I taak charge				re, held on Autopsy						
Ne Kri				death resulted	from: Natural o	auses 🗀], Accident 📉,	Suic	ide 🔲, Homicide	□. U	ndetermined c	ause 🔲.			
ficate, the C				ACTUAL SIGNATURE	1/ Din	- (.) - (.) - (.)	7116		M.D. CHIEF MEDICAL EX	AMINER [1			DATE SIG	GNED
d to	<u>6</u>					J	1-1-1-1		_M.D. ASSISTANT MEDICA	L EXAMINE	R 🔲				
ar Phe	and.		L		V. Deming				DEPUTY MEDICAL E	XAMINER {	March	7-19	56		
E very	or re		220	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	RY OR	CREMATORY		TION (City, town, o			(State)	
2 0			22	FUNERAL DIRECTOR	Harch 1	1956	Abe Cemet	ery			Fort Ash				inia.
S A15ME((5)					umber	rand, Mary	Land	174	BY REGIST	956 UY	TRAR'S SIGN	n 12	. m	7. 2)
							* **		*				1		

....

7 . 4

The state of the s

w ÷	1	PLACE OF DEATH	A 7 7			2. USUAL RESIDENCE (b. COUNT	V	
ontion .	:	and give nearest to	Allegany (If outside corporate limits, write price of the corporate limits and the corporate limits, write price of the corporate limits and the corporate li	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I			ATTGE	
riar lat			ITAL OR INSTITUTION (I	F not in hos	pital, give street address)	d. STREET ADDRESS	erlar L Ave.			o. IS RESIDENCE ON A FARM? YES NO TA
gısırar	3	3. NAME OF DECEASED (Type or print)	Richard	l	Middle Villiam	ten Keller	4. DATE OF DEATH	Monti	0	y Year
)	i sex	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	hand of the way		9. AGE (In years lost birthday)	IFUNDER TYEAT	
June 2 Pul			ION (Give kind of work of ling life, even if retired)	lone 10b. K	B&O.R.Ry.		or foreign co	ountry)	U .S	OF WHAT COUNTRY
o : sept		13. FATHER'S NAME	sell W. Mel	ler		M. MOTHER'S MAIDEN I		ner		
FI O		Yes, no. or unknown)	VER IN U. S. ARMED FOI lif yes, give war or detect of 1	CES? 16 ervice) 2		orother)		Address C1	umberla	ind, Md.
it permit.		PART I. DE	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		for (o), (b), ond (c)] sphyxia					ERVAL BETWEEN SET AND DEATH CONTROL C
iol-trans		Conditions, if gave rise to Imm	ediate couse	Hun	g himself in	n the City	Jail.	,		
o s		(o), stoling the cause fost.	(c).	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY
pasn		Š								PERFORMED? YES NO
avid be		200. EXTERNAL C. PRIMARY 53 or CO CAUSE OF DEATH		rres	ted -drinking occurred [200 PLA	ra-Tied shi	rt to	a hoo!		
age 3 st	1	Hour a.m	12_18 19	While	Not while	ory, street, office bldg., etc Liv Jail	Ci	mherla	nd Alle	erany Ma
DIRECTOR: P.					, Accident , Su					g, and find that
		ACTUAL SIGNATURE	14 V.D.	ساسر	- 1 M S.	M.D CHIEF MEDICAL E	_	ın		DATE SIGNED
FUNERAL r remaval.		EXAMINER'S NAME (Type)	V. Deming	H.D.	V	DEPUTY MEDICAL			18-195	16
10 FU.	2		ON, 225. DATE THEREO	F	20c. NAME OF CEMETERY OF			ion (City, fown, o Cumberla		(Stote)
		3. FUNERAL DIRECTO	_		ADDRESS		D BY REGISTA		STRAR'S SIGNATU	

A MISINE IN

me Sume 201	3	\$ ************************************	2378 ^{ME}	DICA	L EXAMINE	R'S	CERTIFICAT	TE OF DEATH	Reg. Dist	U2384 . No. 4
	1.	O. COUNTY A	legany		MARYE	AND	2. USUAL RESIDENCE (V	/here deceased lived. If institu b. COUNT		e before odmission)
16	t	and give nearest four	outside corporate limits, write erland	RURAL	c. LENGTH OF STAY II	4 1b		cutide carporote limits, write erland	RURAL and g	ive nearest fown)
			the Lenor		pital, give street address Nospital		d STREET ADDRESS	Town Toad		d. IS RESIDENCE ON A FARM? YES NO 3
		NAME OF DECEASED (Type or print)	Violet	i)	Middle Cecelia		Helley	4. DATE Month	30	Pay Year 19 56
	5. \$	female	6. COLOR OR RACE	7. MARRIE	DIVORCED	_	July 15-18	9. AGE I'm years tost by the day 1	Months Do	TEAR IF UNDER 24 HRS. Bys Hours Min.
1	10a	USUAL OCCUPATION OF WORKING HOUS CVILI	g life, even if retired)		and of Business or II	NDUST		or foreign country) Ferry, W. Va.		in of what country: $S \cdot \Lambda \cdot$
	13.	FATHER'S NAME Scott	Reed				Mary Cathe	IAME		
I)		WAS DECEASED EV s, no, or unknown! NO	ER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO.		IFORMANŤ	Address	Land,	id.
			TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (o)			000	lusion			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if o			Coronary	scl	erosis	*		?
		gove rise to imme (a), stating the cause lost.								
	CATION	PART II OTI	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	EN IN PART 1	(o) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200. EXTERNAL CAI PRIMARY ☐ or COI CAUSE OF DEATH.	NTRIBUTING 🖂 📑	b DESCRIBE	HOW INJURY OCCUR	ED. (E	nter noture of injury in Port	1 or Part II at Item 18.)		
	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	While		PLAC	E OF INJURY (Home, form ry, street, office bidg., etc.	, 20f. (City or town)	(Count	y) (Stote)
				_			ve, held on Autops ide . Homicide	Inspection ,	· · · · ·	, ond find tha
		ACTUAL SIGNATURE	4.6.2	t rme	ng Hik			AMINER [DATE SIGNED
		EXAMINER'S TO NAME (Type)	V.Deming	1:.D.	1		ASSISTANT MEDICAL I	ALEXAMINER Hanch	30-1	956
	220	BURIAL CREMATIC REMOVAL (Specify) Burial	April 3.	f 1956	St. Mary 1 s			22d LOCATION (City, fown, of Cumberland		(Stote) land
	l Y	FUNERAL DIRECTOR	s signature	elle	Cumberlan		24g. REC'	2 195 CUA	Trans	ATUPE M. D.
			-		A - HAR.		/		(

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, with word "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 should be forwarded to the Chief M. I Examiner's Office along with form PM3. Page 5 may be revealed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-temsit permit. File pages 1 and 2 with the registrar prior to buriof, cremation,

or removol.

VS. A1SME(S) 5M 9/5S MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. 2

I P Adv

MEGENA

Vittle corporate	111	mttx	MARY	LAND ST	ATE DEPARTA	MENT OF HEALT	H-BALTI	MORE, 18	3 .	
.5.6			2	379	CERTIFIC	ATE OF DEAT	Н	70	Reg. Dist. No.	123,85
director led wit	1.	LACE OF DEATH	llegary		ш	2. USUAL RESIDENCE (V	Vhere deceased in	ved. If institution b. COUNTY	Residence before	,
be fil		CITY OR TOWN	(If outside corporate liminggrest town)	its, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (II		s limits, write RUI		The second second
the fun siffold	-	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o	give street addr	ess)	d STREET ADDRESS	ening		×	e IS RESIDENCE ON A FARM?
nd 2			cred Mear		oital	Alleg	4			YES NO
led ii		NAME OF DECEASED (Type or print)	George		Middle	Kirkwood	4. DATE OF DEATH	Month	Do:	
y fill	5.				NEVER MARRIED	B. DATE OF BIRTH				19 5 6 IF UNDER 24 HRS.
2000		Male	White	WIDOWED		October 9,		76 yrs	Months Days	Hours Min
d control papers.	١.,	during most of we	ON (G ve kind of work orking life, even if retired	1						F WHAT COUNTRY?
a de la	_	FATHER'S NAME	Crame Ope	rater	Paper Mi	14. MOTHER'S MAIDEN		ryland	U.	S.A.
physician emave cort			harles Ki	rkwood	ı		y Duck	werth		
physic may hours		WAS DECEASED EN	/ER IN U. S. ARMED FOR	CES7 16. SOC	IAL SECURITY NO. 17.	INFORMANT	J Duois	Addre	36	
ding g		X0	10			harles Kirk	cwood	Lone	cening	, Md.
attend plea within			EATH [Enter only one co	usa per line fo	r (e), (h), and (c).]	Brei	ther		INTE	RYAL BETWEEN ET AND DEATH
the d		4200	IMMEDIATE CAUSE (o		Dimary	Cellus	<u> </u>			100
by 1		Conditions, if		1.3	to 1 , 20 1	· · · ×	Leaston	0	2 6	(6,
perm in or		gove rise to couse (o), slotin	immediate (Salay For		, , , , , , , ,		1
and and	7	lying couse lost	<u> </u>)						
s bec	FICATION	PART II. O	THER SIGNIFICANT CON	IBITIONS CONT	11	T NOT RETATED TO THE TERM	WINAL DISEASE C	ONDITION GIVE	1 IN PART 1(o) 11	PERFORMED?
ing pring pr	TIFIC	20a ACCIDENT V	VAS UNDERLYING			ED. (Enler nature of injury in	Port I or Port II	of item 18.}		YES NO P
ifical ifical ifical ifical	t CERTI		VAS UNDERLYING TO G TO CAUSE OF DEATH Y MEDICAL EXAMINER)							
or of cert use as matian	MEDICAL	20c. TIME OF INJU	10	ar 20d. INJUR While of work	Not while	LACE OF INJURY IHome, for actory, street, office bldg., et	m, 20f. (City or	town)	(County)	(Stole)
رة ق ق	2	21 I contify t	that I attended the			1952-10	3.1	10 (?-	that I last ca	w the deceased
to the property of the propert		alive an 3/	5156		and that deat		BM. fram t			e stated abave.
4 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ACTUAL	<u> </u>	17	19 ()	. 1	ADDRESS (Stree	l, city or lown, st		DATE SIGNED
ined I DIRECTOR		SIGNATURE	XX-07/1	Auch	and for	M.D. 37/ M.d.	5	L LINL	-1 , Mil	3-6-)(
ra va		PHYSICIAN'S NAME (Type)	George J./	dichards	s, Jr./					
FUNER age 3 stere	220	BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THEREO		L NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	N (City, town, or	county)	(Stote)
2 2 2 2	23.	FUNERAL DIRECTO		1956	Lourel Ki	11	I/O 8	COM PEGISTI	RAR'S SIGNATUR	id.
VS A15 (4) 15M 9/55			Eickhorn	Lon	aconing,	Mid.	P. 9 19 5	7 Jul	Baula	$m.\Delta$
10111 1144						4,500	7.7.0	V VUS IN	Jana	10114

My was a series of the series 1, haurs ofter death.

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-03490



5521

7 *

BUREAU K.

9961 7

Maria Contraction of the contrac

anger e _n		ATE OF DEATH Reg. Dist. No.
-	1. PLACE OF DEATH O. COUNTILE Gany MARYLAND	a. STATE b. COUNTY Allegany Laryland
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neorest town) - Cumberland Dispays d NAME OF HOSPITAL (If not in hospital, give street address)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, lunal d. STREET ADDRESS
	or institution Lemorial Hospital	Route #6
.	3 NAME OF First Middle Office (Type or print) Mrs. Grace Olive	Lucas 4. DATE Month Doy Year 6 19 56
3 3 3 4 6	Female White WIDOWED DIVORCED	B. DATE OF BIRTH Oct. 16 1919 9. AGE (In years of UNDER TYEAR OF UNDER 24 MR Manths Days Hours Min
deat	100 USUAL OCCUPATION (Give kind of work done of the low through most of working life, even if retired) Receptionist Ins. business	Penn. Espy U.S.A.
3 %	13. FATHER'S NAME Orval Williams	Margaret Berry
I)		emorial Hospital, Cumberland, Md.
at within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	breast, left Interval BETWEEN ONSET, AND DEATH 4 years
nd in any eve	Conditions, if ony, which gave rise to immediate cose (a), stating the under- lying cause lost.	us to Jung and Spine I year
emoval, o	CCATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO (2) (Enter noture of injury in Part I or Part II of I tem 18.)
-		
mon.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Hour o. m. P. m 19 at work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
ourial, cre	21. I certify that I attended the deceased from 52 alive on Macrola 1956, and that death	occurred at 7 • 10PM, from the couses and on the date stated abo
oriar to	ACTUAL SIGNATURE UM January	M.D. CumberCand Wid har. 7
gistror p	PHYSICIAN'S W.M. FACU JIZ	
the re	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Burial 3/9/56 Madison Memory	rial Park Madison, West Virginia
(4) 5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. George Cumberland, Md.	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



rporate	im	its	MARY	LAND	STATE D	EPARTME	NT OF H	EALTH	I-BAL	TIMORE, 1	8		
			23	83	CE	RTIFICA	TE OF D	EATH	1		Reg. Dist.	02389	
	1. [LACE OF DEATH				MAJESON	2 USUAL RESID	DENCE (WI	here deceased	Lived If institution b. COUNTY	on Residence b	pefore admission)	
-	-	ALLEG		to continu				YTANI			ALLE		_
	Ĺ.,	RURAL and give nearest tax		iis, WEIIO	c. LENGTH OF		c. CHY OR I		/	rate limits, write Ri	JRAL and give	nedfest fown)	
		J. NAME OF HOSPITAL (IF no	d in hereital	and elect o	8 hr	5.4	d. STREET A		Cumbe	rland,	KERRAS	thei .	×
		OR INSTITUTION	AND HENA					VALLE	Y ROAT	. ROUTE	7	e. IS RESIDENCE ON A FARM? YES NO	
	3	NAME OF DECEASED	Fire	rst	1	Aiddle	Losi	t	4. DATE	Moni	lh .	Day Year	
		Type or print)	OLE	TY.	म्	D IARD	McCR	FLΔ	DEATH	47	}	19 56	
	S. S	EX 6. COL	OR OR RACE	7. MARRI	ED NEVER A		DATE OF BIRTH			9 AGE (In years lost birthday)		EAR IF UNDER 24 HRS	5
		MALE SH	TTE	WIDOWE	DIV	ORCED 🔲	SEPT.	18.188	7	68 yrs.	Months Do	ys Haurs Min	
	10a	USUAL OCCUPATION (Give dyring most of working life,	kind of work	dane 10b, I	(IND OF BUSIN	ESS OF INDUST	RY 11 BIRTHPL	ACE (State	ar foreign co	iuniry)	12. CITIZEI	N OF WHAT COUNTS	RY
-1	5	el 8 million el		ent an	soline.	Station	ויווים א	CVT 17A	A TETA		1 777, 171	ED STATES	
	13.	FATHER'S NAME		0			14 MOTHER'S	MAIDEN N	NAME				
			chhurs	- 1477	'moo		N. SA	RUBY	r				
1		WAS DECEASED EVER IN U.		CES? 16. S	OCIAL SECURIT	Y NO. 17. IN	FORMANT	11.11111		Addr	053		
1		10	a war or oans or i	2	17-10-	6670 I	יידיקד האכ	S CIA	PT				
		18 CAUSE OF DEATH (Ent	ler anily and co	ouse per lin	e for (a), (b), ar	id (c).]					1	INTERVAL BETWEEN	
		PART I, DEATH WAS			renes	el hi	UN MA	4 ar	re		C	ONSET AND DEATH	1
		42010	DUE TO		/	, ,						10-1.00	- 6
		Canditions, if any, which	ch) 1	· FHA	allri	al li	4 her	Ulus	K-1/2	r		10 49	
		gave rise to immedia	le (NIE TO) .			do.	2	1	/ 5			-
		cosse (a), stating the <u>unde</u> lying cause last.	(c	tes	10410	Pelli	Exit 1	how	st ol	illar.	۷ ا	5 40.	
	ž	PART IF OTHER SIGN	IFICANT CON	IDITIONS C	ONTRIBUTING T	O DEATH BUT N	NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY	,
p p	CATION							*				PERFORMED? YES NO	
	CERTIFIC	20a. ACCIDENT WAS UNDE	RLYING 🗆	206. DESC	RIBE HOW INJU	JRY OCCURRED.	(Enter nature of	f injury in	Part I ar Part	II of item 18 }		1 0 0	
	SE SE	OR CONTRIBUTING (CAU	SE OF DEATH L EXAMINER)										
	3	20c. TIME OF INJURY Mont	h, Day, Ye	ar 20d. IN	JURY OCCURRE	D 20e PLA	CE OF INJURY IN	Hame, farm	20f (Cily	or town)	(Cour	nty] (State	1
	MEDI	Hour a.m.	19	While at wark	Not while	loct	ary, street, affice	bldg., etc	-) {		,		
	~		المساما المسامية			ilrua	4 10-5/	1-191	week 3	1 105%		A	-
		21. I certify that I at	4 30	aecease	t		7	7 05A	L			t saw the deceas	
		alive an My VV	1	190	and	that death	occurred at.) the Causes a reet, city ar town, :		date stated abov	
		ACTUAL MIN	alu ld	18	nan			,	WARNESS (2)	reet, tily til town, :	aidie)	OAIC SIUN	EL
		SIGNATURE	700 700	7 00	1/0	M	l.D						
		PHYSICIAN'S	Z A TO HUNTER Y	TO 100 M.C.	c han			rr a.		L Cl.	-T A	£.4	
	220			RETEN		CF4.68001. C		22_0	reen S			LUa	
	120	REMOVAL (Specify)	h 2	1051	O NAME OF	CEMETERY OR	CKEMAJORY	11	22d. LOCAT	ION (C ty) tawn, o	r county)	(Stote)	
	22	FUNERAL DIRECTOR'S SIGNA	Alies	1130	ADDRESS	Le Oku	dame	allen	Jen	wegel	704015 4.000	MIX	_
	0	TOTAL DIRPLICKS SIGNA	May 1	11.	ADUKESS	11 M	21 /2	72,40. REC	D BY REGIST	KAK 24b. KEGIS	TRAR'S SIGNA	-t m	
/	10	We x. (Nay	av. G	and	sigm	No. 11 VA	renews	DOGON	W3,19	76 WY	- Men	12,111.2)	1
11	-	//					1/	1/	/			//	

BOME M K

a corporate	Hante-	MARYLAND	STATE DEPARTM	ENT OF HEALTH	H-BALTIMORE, 1	8
3.5		2384	CERTIFICA	ATE OF DEATH	H	Reg. Dist. No. 02390
directar	1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary.	here deceased I ved. If institute Land b COUNTY	on-Residence before admission) Allegany
id be f		e nearest town)	c. LENGTH OF STAY IN 16	1		URAL and give nearest tawn)
d 2'should	d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, give street	uddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 🔀
n page	3. NAME OF DECEASED (Type or print)	fiel George	Middle E •	McDonald	4. DATE Mon	
ely fille	5. SEX			8. DATE OF BIRTH 6/4/1871	9, AGE (n years lost birthday) 811 yrs.	Months Doys Hours Min.
nd corners death.	100 USUAL OCCUP. during most of	working life, even if retired)			or foreign country)	
corbon and affer de	13. FATHER'S NAME		2. USUAL RESIDENCE (Where deceased I ved. # institution. Residence before admission) o. STATE Maryland b COUNTY Allegany County Allega			
physicic move c hours o	16 MAE DECEASED					
ng phy 72 ho	(Yes, 60: or unknown)	(If yes, give war or dates of service)	A 7			
ndin Pin 7		DEATH [Enter only one cause per li	447.17			
with with			Chami	1 mu	" cardil	
Ther	4700/		C.		1 0	
ny n			Jewer	al ar	servoock	roms?
sit pern		ing the under-	Chron	is he	pheitis	. >
nas been ial-trans naval, or	PART II. 20g. ACC DENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CONDIT ONS	7	NOT RELATED TO THE TELL	INAL DISEASE CONDITION GIV	PERFORMED?
the but	1 1	ING CAUSE OF DEATH	CRISE HOW INJURY OCCURRE	D, (Enter nature of injury in	Part I or Port II of item 18.)	
r use as	Hour o.	m. 19 While	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City ar tawn)	(County) (State)
I fo	21. I certify	that I attended the degeas			Mer.19, 1951	, _{cz} ,that I last saw the deceased
tacher buriol	alive an	Mar: 17/4 193	2.4., and that death	accurred at 2500		
ld be del	ACTUAL	James To.	Mean	M.D. 49	7 Treese	51 3-19-5
JNERAL DIR je 3 should k registror pri	PHYSICIAN'S (NAME (Type)		. McLean	• • • • • • • • • • • • • • • • • • • •		
o fune	REMOYAL (Spe- Buri	As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address) As of Hospital (If not in beginds), give street address), give street address, give street, give stree	Land			
(15 (4) 9/SS			_	McDonald OFATH March 19 1956 DATE OF BIRTH 6/14/1871 P. AGE (n. years life UNDER 14 FAR IF UNDER 24 HRS. log) birthdoy? Mannihs Doys Hours Min. Maryland 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME Alice Garlitz FORMANT Legany County Infirmary Records Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Autopsy YES No 10 Not related to the technical disease Condition Given in Part 1(0) 19. Was Auto		
9/55	John	D. Harer, Compet	Turing Trace of Lan	//02/3//	107,19 a W.T	Municipal III. O.

W

3 %

AT THE

	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02391
	2413 CERTIFICATE OF DEATH Reg. Di	st. No.
1.	1. PLACE OF DEATH o. COUNTY ALLEGA COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE	LC64
,	b CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL AN	give rearest townj
Manc -	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM?
	MINERS ITFUAT 2 BOX 13	YES NO
3.	3. NAME OF DECEASED (Type or print) BALY Middle Lost A. DATE OF DEATH Month OF DEATH MARCA	28 195
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED HARCE 28 9. AGE (In years lost birthday) Months	Doys Hours Min
Į.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CII during most of working life, even if retired)	TIZEN OF WHAT COUN
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. ARR MENERS MAIDEN NAME 17. MENERS MAIDEN NAME	In deaso
150	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wer or dates of service) (If yes, give wer or dates of service) (If yes, give wer or dates of service)	t2 Fnost 5
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART A fun fy	2 ha
	DUE TO	
	Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last, [b] DUE TO Prematations [c]	
NOTATI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTY	PERFORMED? YES NO
<u> </u>	200. ACCIDENT WAS UNDERLYING 20th. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. jr. Hour a. jr. 19 While Not while of work of work	County) (Sto
	21. I certify that I attended the deceased from March 28 19 36, to March 28 19 36 that I	
	alive an MADRESS (Street, city or town, state)	he date stated ab
	PHYSICIANE JOHN C. DEVERS F1103 HS UNI	pjel -
2	220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jawn, or county)	(State)
	Believe 3-29-56 Collant Collection, Colleget	ud
23	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249 REC'D BY REGISTRAR 246. REGISTRAR'S SI	GNATURE 2 / 4
	11110 trong market Roll Form Delot 100 5-295 1/11 VIII. MAI	11811 11.00

...

A NYJUPA

996T & WAT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

be filed will

pjnous

papers.

FUNERAL DIR

VS A1S (4) 15M 9/55

ŏ

THE CHANGE

White torrors	Hypu	.,	MARY	LAND	STATE DE	PARTM	ENT OF	HEALTH	-BALT	IMORE, 1	8 02	2393	}
			23	86	CER	TIFICA	ATE OF	DEATH	1		Reg. Dist, t		4
Page 4 director, led with		E OF DEATH	377		M	ARYLAND	2. USUAL RE	sidence (wh		lived If institution b. COUNTY	n: Residence b		sion)
er of fi			outside corporate lim	its, write	c. LENGTH OF ST	TAY IN 1b	c. CITY O	R TOWN (If o	outside corpora	te limits, write Ri			n)
p for blue	- 1 50	Jumber			115 mi	nutes		berlan	ıd		<u> </u>		
by the	0. N	RINSTITUTION	L (If not in hospital, t					ADDRESS 137 Hen	iderson	;ve.	1		SIDENCE A FARM?
124 ha Med in	3. NAM DECE (Type	ASED	Fi	_	rence	idle N	-Kanzie	Last	4. DATE OF DEATH	Mon		Day 24	Year 19 5 5
ety fi	5. \$EX	Male	6. COLOR OR RACE	7. MARR		RCED	5-20-1		9	last birthday)	IF UNDER 1 YE		ER 24 HRS.
Pers.	10a. USI	JAL OCCUPATION	V (Give kind of work	dane 10b				- /	or foreign cou	ontry) yrs	12. CITIZEN	OF WHA	T COUNTRY?
nd can	JY.	ing most of works	ng life, even if retired) br	0.3		Cur	mberla	and, M			S.A.	
ite be carbo after	13. FATH	ier's name Enc	och McKenz	ie			1	r's MAIDEN N Irgaret	Rohman	n			
iffigo hysic nove nouçs	15. WAS	DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY		VIFORMANT			Addr			
ng p	1101, 100, 0		f yes, give wor or dates of s	2	14-05-5	938 .	rs. Ka	ather	ine Mo	Kenzie	Cumbe	rlan	d'd.
feath lendi sleas ithin	18.		H [Enter only one co	ouse per lin	ne for (a), (b), and	(c).]		-	17	/	117	NTERVAL B	ETWEEN D DEATH
the of then ben ben ben ben ben ben ben ben ben b		PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE ((1-1	1-11	-7UL.	47	11-	20rech	226	10	14
that by the Tr.	Co	anditions, if an	DUE TO y, which)	/	1151	-111	· 16	Ski	h	:17	9,	14	T
quires igned in or	g a cos	ive rise to im Ese (a), stating th	mediate ()			1	1			-	1	
cion. sen si ansit		ng couse lost.	R SIGNIFICANT CON		ONTRIBUTING TO	DEATH BUT	NOT PELATED	TO HE TERMI	INAL DISPASE	COMMISSION	ENI INI DADT 1/-	IIO WAS	ALITOPSY
physical for a be a b	CATIO	7,		(F	1011	rue	Plu	CELLL-	The	1.5Hv	75	PERFO	ORMED?
AN: Thending ficate has burned ar rem	CERTIFICATION 1913	ACCIDENT WAS CONTRIBUTING E LITHER, NOTIFY A	UNDERLYING DEATH	20b. DESC	RIBE HOW INJUR	Y OCCURRE	. (Enter nature	af injury in l	Part I or Part I) of item 18.)			
eHYSIC att	WEDICAL 20c.	TIME OF INJURY Hour a.m.	Month, Day, Ye	While	NOT white	20e. PL	ACE OF INJURY	f (Home, form fice bldg., etc.	.) 20f. (City o	or town]	(Coun	ly)	(State)
Spirer d for	21.	I certify the	it Lattended the	decease			191	Q to	ラース!	4-5 195	that I lost	saw the	deceased
Fr. Al	ali	ve an	3-2	Z., 12.	26, and th	hat depth	accurred o			the causes a		late stat	ed abave.
ATT	ACT	UAL C	17	126		14	(v	2	ADOPTIS (Stre	et, etly ar lown, s	itate)	11.10	ATE SIGNED
DIRE DIRE DIRE prio	SIGI	HATURE 24	1.1	762 U	COZ (C	77.1	M.D	die	CXXX.L	<u> </u>	-	UBL	7-44-1
SPITAL De reloi ERAL 3 shou gistrar	NA	SICIAN'S ME (Type)	Jame's T/	Jehn:		M.D.							
May be page ?	Or.	RIAL, CREMATION MOVAL (Specify)	3/27/36		3T . Ma		-			on (City, town, o erland,		(Sta	te)
0 50 a=		ERAL DIRECTOR'S			ADDRESS		0 0 111 4	240. REC'I	D.BY REGISTRA		TRAR'S SIGNA	TURE	,
VS A15 (4) 15M 9/55	H.	Lee Si	lcox C	Jambe	rland,	ıd.		XBS+Cl	17619	56 Went	k. Th	and	M.D.
												0	

B'A MILIMI

Mr.

ADDRESS

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/53

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer

3 4 07

ATTENDING PHYSICIAN

V5 A15C 1-55 10M

1. PLACE OF DEATH

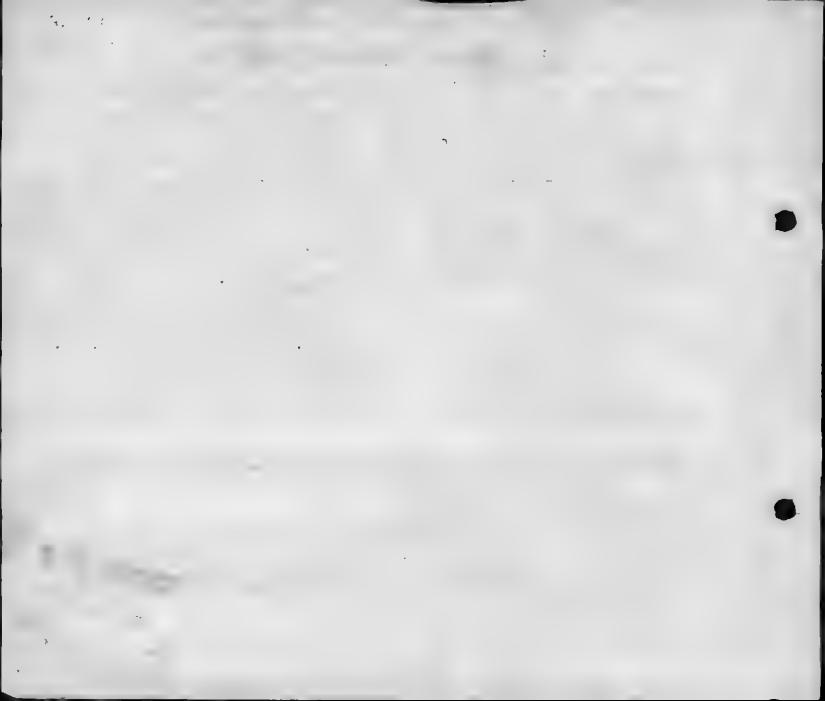
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2425

Reg. Dist. No.

1.2. HSHAL DESIDENCE (HOME) OF DECEASED

		76 -		
COUNTY Allegany	MARYLAND	state Mar, la	and county Al.	legany
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY		te limits, write RURAL end give nee	rest town)
OR end give neerest town) TOWN Barton	(in this place) 75 Vears		arton	
HOSPITAL OR	10 years	STREET	(If rurel give location)	
INSTITUTION OR		ADDRESS	(in total give location)	
ON STREET ADDRESS	-	ton a		
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) James Mo	rris M	et.z	DEATH	13 19 56
5. SEX 6. COLOR OR 7. SINGLE, MA		9 0 0	AGE lest birthdey IF UNDER	
RACE WIDOWED.	DIVORCED.	7	Months	Deys Hours Min.
Male White (Specifyl)ji	dower Augu	st 14.1880	75 yrs.	
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	n country) 12	CITIZEN OF WHAT
	OR INDUSTRY	Danton 7	52	COUNTRY?
iner retired Co	al line	Barton 1	AME	0.5
		14. MOTHER'S MAIDEN IN	n me	
William Letz		1 Ellen Po	oland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DORESS	
(Yes, no, or unk.) (if Yes, give wer or detes of service)		na Tour	a Consth Dant	- T.J.
.,10	16 MEDICAL CER	TIFICATION	s Smith, Barto	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H	1		ONSET AND DEATH
IMMEDIATE CAUSE (A)	Imonory E	lama		1024
0110.70	1		· · · · · · · · · · · · · · · · · · ·	
ANTECEDENT CAUSE(S) DUE TO	rome Mu	or and tic		1040-245
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE	excessis and	A. Almany	26.6	11 Years
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDING		ININE SYCO		20. AUTOPSY?
A CAA O	33 OF OPERATION			YES NO NO
210. ACCIDENT WAS UNDERLYING 1 216. PLACE (H.	ome, ferm, factory, 2	1c. WHERE DID INJURY OCCUR?	(City or town) (Coun	1 42
	office bldg., etc.)	in white pip (100k) Occon.	(was a control of the	(5.6.0)
	1e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
Alia a	Vhile Not while I work			
		c -11/- 11	12 0	
22. I hereby certify that I attended the de-				
alive on 1 21 12 19 5 , a	nd that death occurred at	M, from the ca	uses and on the date state	d above.
20011		ADDR	ESS (Street, city, town, stete)	DATE SIGNED
Yould Munor	M.D.	redment 1	V. Vd.	Max 15 1955
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	(Stefe)
REMOVAL (SPECIFY) Burial 3-15-56	Laurel Hi	11 Cemetery	oscow, Alle	ranv id.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	IRE	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE 3-15-56 mes Jean	C Kelly	6 1/2		Ell team
DATE 3 /3 9 //cc gets	7007	1 (1)	weste:	rnport, I.d.



githia scripts	L P	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02396
2 E	300	238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. No.
cremotion,		PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of DEATH a. COUNTY)	
Page /		b. CITY OR TOWN (If outside corporate limits, write RURAL and g and gray papered form).	
南湖)	Cumberland 38 yrs. Cumberland	
p is a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 543 Henderson Ave. 51+3 Henderson Ave.	ON A FARM? YES NO 13
Stror 1		NAME OF First Middle Lost 4. DATE Month	Day Year
regi	1	(Type or print) Frank file lead floran DEATH l'arch	8 19 56
چ چ پ		kal bimido) Months Do	
	100	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 112. CITIZE	N OF WHAT COUNTRY
7 9	100	during most of working life, even if retired)	S.A.
ō	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
20 %	L	Daniel Moran Mary Morrissey	
1)		5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yet, give wer or dates of service)	
		no 214-05-707 (wife) Ella L. Moran, Cumberla	
ermi		18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: COPONARY OCCLUSION	INTERVAL BETWEEN ONSET AND DEATH STUGGON
4		CA S CO / IMMEDIATE CAUSE (6)	5 RedCH
+ron		Conditions, if ony, which) the Coronary sclerosis	?
		gave rise to immediate cause	
		couse lost. (c) Arteriosclerosis	?
S O	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NOXE
0	CERT	PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	
3 sho	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) foctory, street, office bldg., etc.)	y) (Stote)
Pog		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection **, Inquiry	图, and find the
2		deoth resulted from: Notural causes 3, Accident , Suicide , Homicide , Undetermined couse .	
		ACTUAL H. V. Deming I.D. M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
ovo		ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	71
FUNE	220	G. BURIAL CREMATION, 12th. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12th LOCATION (City Javes of County)	(Stote)
0 9		Burial March 12, 1956 St. Patrick's Cometery Cumberland, Marylan	
ME(5)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D 87 REGISTRAR 240, REGISTRAR'S SIGN	
755 TS		John J. Hafer, Cumberland, Maryland. Xbooks 9, 1956 W.K. Trans	nk.M.D.



b. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN end give acceptance limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside corporate limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside limit, with a BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (** outside limit, with a BURAL c. LENGTH OF Inhoration (** outside limit) and c. CITY OR TOWN (** outside li	Hd.		b. COUNT	/ Bal	Him	041.0	2						
ce along with form PM3. Page 1, gains 3, refund 3 are functor affector. Page 4 snow a sandang with form PM3. Page 7, gains 3, a buriol-transit permit. File pool of the form o	end give nectest town)	outside corporate limits, w	ile RURAL	c. LENGTH OF STAY IN 16	c. CITY O			imits, write	RURAL ond	d give nec	rest for	vn)	
	-			HE	4-1 -1	d STREET	Baltir	ore				- 10 00	SIDENCE
Den 1	2					L	VPAKE22	Ca	Tueri	+ 5+		ON	A FARM?
4							st 4. D	ATE					
			:/i	lmer	C.		. 0	F EATH			,		
	5 5	EX	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED			9 AG	[In years	IFUNDER	TYEAR I	UNDE	ER 24 HR
Conditions, if ony, which Conditions Conditions Conditions, if ony, which Conditions Conditions, if ony, which Conditions													
And arrival at Sacred cart ospital Calvert St. VES Section Sector Se	WHAT	COUNTI											
Deal arrival at Cacred cart ospital Calvert St. Calvert St.													
						Els		bott					
s found be executed within 24 hours after death. If only delay is necessar in pencil in Hem 18. Give Pager 1, 2 and 3 he funeral director. Page a calang with form PM3. Page marks referred for your files. S a buriol-transi permit. File pages 1 cond. 2 with the registrar prior to buriol-transi permit. File pages 1 cond. 3 with the registrar prior to buriol-transi permit. File pages 1 cond. 3 with the registrar prior to buriol-transi permit. File pages 1 cond. 3 with the registrar prior to buriol-transi permit. File pages 1 cond. 3 with the registrar prior to burious 1	15. (Yes			of service)					Address				
		rchant			unt.) Th	ry Talk	ott,D	alti	more	, id.			
							•						
		FARI I. DEAI	MMEDIATE CAUSE (o) AC	ute peritor	iltis					- 2	hrs	9
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years left birthday) Months Days Hours Months Months Days Hours Hours Hours Hours Hours Hours Hours Hours													
		couse last.) (c)									
.7.	CATION	32.2.2			Alcoholi	c				EN IN PAR		PERFO	NO [
		20g. EXTERNAL CAU PR MARY Or CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	206. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of i	njury in Part I or	Part II of Item	18.}				
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Y	White		ACE OF INJURY tory, street, offic		f. (City or tow	n)	(Cou	inly)		(State)
	9	p. m.		OI WO	1 L 01 WORK L		A . A	larani	ion &	Inquis	y [궑,	and F	ind th
	MEC	21 I certify th	at I taok chara	e of the r	emains described ab	ave, held ar	EAUTODSV FX			mqon	-	und (1110 11
	MEC		_		emains described ab					ause 🖂			
	MEC		_		emains described ab , Accident , Si					ause 🔲	١.		
	MEC	death resulted	fram: Natura			ricide [], I		, Undeter		ause 🔲		DATE SI	GNED
	MEC	death resulted	fram: Natura	causes 🗏		vicide [], I	damicide 🔲	, Undeter		ause 🔲		DATE SI	GHED
	MEC	death resulted	fram: Natura	couses E		nicide [], I	riamicide MEDICAL EXAMIN	, Undeter			,	DATE SI	GHED
		ACTUAR SIGNATURE SIGNATURE SYMMET'S NAME (Type)	from: Natura V. Demina	causes *		M.D. CHIEF	damicide MEDICAL EXAMINANT MEDICAL EXAM	, Undeter	mined c	19-	,	CState	
	220.	ACTUAL SIGNATURE // EXAMINER'S NAME (Type) BURIAL CREMATION REMOVAL (Specify) Burial	V. Dening V. Dening V. Date there 3/26/4	causes *	Accident , St. Z.c. NAME OF CEMETERY O St. Paul Cen	M.D. CHIEF ASSISTA DEPUTY	Hamicide MEDICAL EXAMINANT MEDICAL EXAM MEDICAL EXAM	, Undetei	areli	19_7 or county)	<u>1956</u>	(State	
	220.	ACTUAR SIGNATURE SIGNATURE SIGNATURE (Type) BURIAL CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR:	V. Dening V. Dening V. Date there 3/26/4	Couses 71	Accident , St	M.D. CHIEF ASSIST, DEPUT R CREMATORY	Hamicide MEDICAL EXAMINANT MEDICAL EXAM MEDICAL EXAM	HER AMINER O	arch	19_7 or county)	<u>1956</u>	(State	

lai

		ol dire	filed	
		uner	ld be	
		he f	ho	
,		by 1	2	
		2.	gup	
		led	_	
		ž		
i		le.	-	
		·	pen	
		0	D	1
		OHO.	pou	A PA
		LD!	COL	130
		ysic	ORe	2116
		t d	E	5
		din	OSE	7
		tten	o lo	Leve the
		e d	Hen	- Fred
		<u>~</u>	Ε,	F
		Ŗ	Ē	É
		igned t	permit	in and
-	cian.	en signed t	insit permit	and in any
	hysician.	been signed t	I-transit permit	and one in one
	g physician.	has been signed t	urial-transit permit	and one love
	nding physician.	cate has been signed t	e burial-transit permit	and of host lovemen ye
	attending physician.	rtificate has been signed t	as the burial-transit permit	and or amount on the san
	attending physician.	I entificate has been signed t	se as the burial-transit permit	and on formation order
	attending physician.	ertificate has been signed t	ar use as the burial-transit permit	and in the forement of political
	lospi attending physician.	After the tertificate has been signed t	ed for use as the burial-transit permit	and a local conservation of in an
	he hospy attending physician.	R: After entificate has been signed b	ached for use as the burial-transit permit	and in production or removed long in an
	by the hospile attending physician.	708: After a entificate has been signed b	detached for use as the burial-transit permit	to busine premotion or semonal and in an
	ed by the hospilland attending physician.	RECTOR: After the entiticate has been signed to	be detached for use as the burial-transit permit	nor to busing premation or semonal and in an
	tained by the hospin attending physician.	L DIRECTOR: After the entiticate has been signed to	auld be detached for use as the burial-transit permit	and of hand former to adjust an incident of round or
	s retained by the hospin attending physician.	RAL DIRECTOR: After a criticate has been signed to	should be detached for use as the burial-transit permit	the si had lovement of action of removed the
	y be retained by the hospin attending physician.	UNERAL DIRECTOR: After a ertificate has been signed to	ge 3 should be detached for use as the burial-transit permit	sections and to business and an employed in any
	may be retained by the hosping attending physician.	TO FUNERAL DIRECTOR: After an entificate has been signed by the attending physician and can yely filled in by the funeral direc	page 3 shauld be detached for use as the burial-transit permit. Then please remans carbon mapers. How I and 2 who be filed in	the sentitives aging to busing presenting as semanal and in any experts after death

		MARY	LAND	STATE DEPAR	TME	NT OF HEALTH	I—BALT	IMORE, 1	В	02399
		2426	3	CERTIF	CA	TE OF DEATH	1		Reg. Dist.	0
1	PLACE OF DEATH O. COUNTY	Allegan	У	MARYLA	ND	2. USUAL RESIDENCE (WA o. STATE Varyland	_	b. COUNTY	n: Residence	befare admission)
	B CITY OR TOWN (I RURAL and give no Lange		ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a		ale limits, write RU	RAL and give	s nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,				d. STREET ADDRESS			,	e IS RESIDENCE ON A FARM? YES NO THE
	3. NAME OF DECEASED	Jacksen S		Middle		Last	4. DATE	Manth		Day Year
	(Type or print) 5. SEX	6. COLOR OR RACE	7	Ann		MRSON	DEATH	March	12	1956 TEAR IF UNDER 24 HRS
	Female	White	WIDOW	RIED NEVER MARRIED	- .	DATE OF BIRTH	254		Months Do	axs Haurs Min.
	10a. USUAL OCCUPATIO	ON (G've kind of work	done 10b.		_ 1	Sept. 22 IS	or foreign cou		12. CITIZE	EN OF WHAT COUNTRY
4	during most of worl	ting life, even it refired				Frestbi		M.		S.A.
	13. FATHER'S NAME	_				14. MOTHER'S MAIDEN N	IAME			
	Mel					Helen	Perk			
ŧ	0.00	K IN U. S. ARMED FOR (II yes, give war ar dates of i		SOCIAL SECURITY NO.		ORMANT		Addre		
No.	No.			NOTE ne for (o), (b), and (c).]		lvin Munse	n, La	maceniz		D. INTERVAL BETWEEN
	Conditions, if o	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate	2	exerborase -	ب جداً	duchen.	Syr	dime		6-8/mil
	lying cause lost.	the <u>under-</u>		markes	. 7					Qd
`	CAT		DITIONS	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIVE	N IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
	7.1	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	JRRED	(Enter nature of injury in f	Part I ar Part I	l of item 18.)		
	20c. TIME OF INJUR Hour o. p. p. m.	Y Manth, Day, Ye 19	While	NJURY OCCURRED 20 k at work	focto	E OF INJURY (Home, farm, ry, street, office bldg., etc	20f. (City o	or tawn)	(Cou	inty) (State)
	21. I certify the alive on 12	at I attended the	deceas	. 7		, 1916, to 1 occurred at 12 45 b. 51 ma	AM, from		nd on the	date stated above. DATE SIGNED
	PHYSICIAN'S NAME (Type)									315 -16
	220. BURIAL, CREMATIO REMOVAL (Specify)	3/14/5		22c. NAME OF CEMETE Laurel I	RY OR [1]	Cemetery	22d. LOCATION	ON (City, town, or OW) MD.	county)	(State)
	23. FUNERAL DIRECTOR	s signature EICHHORN	, LO	NACON ING?	MD		BY REGISTRA	AR 245 TEGIST	RAR'S SIGN	ature Boal

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





V\$. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02491 Reg. Dist. No.

	1. [PLACE OF DEATH		D STATE	deceased lived. If Institution: Reside	nce before admission)
		Allegany	MARYLAND	P.C.	ALI	legany
	4	CITY OR TOWN (If outside corporate limits, write BURAL and give peacest form)	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate timits, write RURAL and	give nearest town)
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS		. IS RESIDENCE
		' - Past . ain St.	,	East Ma	in St.	YES NO
	3, 1	NAME OF First	Middle	Connorte 4. 0/		Day Year
		Type or print) Catherine	Jane 0'	Connors	March March	9 19 56
	5. 5	EX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (In years IF UNDER	
		ferale white WIDOWED	DIVORCED 0	ct.26-1872	lash by the day) Months 3 yrs	Days Haurs M n.
1	10a.	USUAL OCCUPATION (Give kind of work done 10b. KI uring most of working life, even if cetired)	senbaum Bros	3		ZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Patrick F.C'Conners			ne Stephens	
	15. (Yes	70. BE Unknown) Iff you have may or doing of parment			ed Heandlospi	
	,	no 21	L4-05-829₽(I	iece)lirsau	l Garlitz, It. 3	Savage,14.
	,	18. CAUSE OF DEATH [Enter only one cause per line for	or (o), (b), and (c),]			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: Sho C	ek, 考也的生生生生,	& myocardial	failure	1 month
		2 7.5. O DUE TO				
1		Conditions, if any, which) (b) Selli	ility and ar	terioscleros	is	?
		gove rise to immediate couse DUE TO			*	
		(a), stating the underlying Due to Frac	cture of rig	ht femur, sur	gical neck.	1 month
	Z	PART H. OTHER SIGNIFICANT CONDITIONS CON	NTR.BUTING TO DEATH BUT N	OT RELATED TO THE TERMINALD	ISEASE CONDITION GIVEN IN PART	I I(a) 19. WAS AUTOPSY PERFORMED?
2	CAT					YES NO 🔀
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY 13 or CONTRIBUTING (2)	HOW INJURY OCCURRED, (Er	iter nature of injury in Port I or I	Port If of item 18.1 Viping	clothes lin
		CAUSE OF DEATH. in ba	ek yard, sli	nped on ice,	fell and fract	ured femur.
	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN While	Not while	E OF INJURY (Home, form, 200 ry, street, office bldg., etc.)	(Cou	inly) (Stote)
	MEDI	9.30_p_m_Feb 8 19 5Act worl	k □ al work □ 3ac	vard Tord	Mt Savage All	oceny Md.
		21. I certify that I took charge of the re	emoins described obov	re, held on Autopsy 🗌	, Inspection 🗃, Inquir	y 🖹, and find that
		deoth resulted from: Natural causes	, Accident 🖺, Suic	ide 🔲, Homicide 🔲,	Undetermined couse [4
		ACTUAL 1/1/	745			DATE SIGNED
		SIGNATURE It of English	9 17/1	M.D. CHIEF MEDICAL EXAMIN		
		EXAMINER'S TE TE TO THE TE	,	ASSISTANT MEDICAL EXA		
		NAME (Type) 11 . V . JEHILLE 11. 9		DEPUTY MEDICAL EXAMI	- 11000 011 / 40	.056
	4	PEMOVAL (Specify)	ZZC. NAME OF CEMETERY OR		LOCATION (City, town, ar county)	(Stale)
		Strial Trarch 12-56	St.Patricks		t. Savage, Alle	
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY R	REGISTRAR 246. PEGISTRAR'S SIG	NATURE
	(J. l. Durst Frostbu	irg, ild.	DATE-5//O	196 11.111	remile

2100 Tr vi inn

15M 9/SS

hd.

DATE (

BUTEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02404 Reg. Dist. No.

1. PLACE OF DEATH				Where deceased lived. If institu		ission)
Α3	legany	MARYLAND	G. STATE	b. COUNT	' Allegany	
b. CITY OR TOWN (If outside corporate limits, write (c) n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL and give nearest to	wn)
	perland		The second secon	iberland		
1	· ·	not in hospital, give street address)	d. STREET ADDRESS		I ON.	ESIDENCE A FARM?
	der Jillar	ge Apt. 15 D.	Jane Fraz	aler illage	Apt.75 YES] NO [
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont		ear
(Type or print)	Willar		wlings	DEATH PRIC		9 56
5 SEX		- MARRIED NEVER MARRIED 8.		9. AGE (in years lim) bjjthday)	Months Days Hours	ER 24 HRS. Min.
Female	1424200	KIDOWED (3	Dec.2-1907			
. during most of worki	ng life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUST		*	12. CITIZEN OF WHAT	COUNTRY
Oirsen	fe and hous	ework for private		n, West Virgin	uia U.S.A.	
13. FATHER'S NAME	m at	individuals				
	T.Shrout		Lucy Ha			
(Yes, no, or unknown)	/ER IN U. 5. ARMED FORCE (If yet, give war or dates of sen	ES? 16. SOCIAL SECURITY NO. 17. IN		Address		
no		217-10-6824	s. Clarenc	ce C. loby, Cm	mberLand,	•
		per line for (o), (b), and (c).			ONSET AND DEA	kTH .
PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinona of the	e cervix		2 76	27175
1771X	DUE TO					
Conditions, if a		with netastasis	•			
(o), stoting the						
couse lost.) {c}				1	
PART II. OT	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	NALDISEASE CONDITION GIV	PERFO	RMED?
5	NCE MAN				YES 🗌	ио 🔀
PART II. OT	NTRIBUTING []	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Por	t I or Port II of item 18.)		
20c. TIME OF INJU	RY Month, Day, Year		E OF INJURY (Home, formery, street, office bldg , etc.	n, 20f. (City or town)	(County)	(Stote)
Hour o. m.	19	While Not while of work	ry, street, ortice blog , elc	'		
21. I certify t	hat I taok charge o	of the remains described aba	ve, held an Autaps	y 🔲, Inspection 🐴	Inquiry [39, and f	find tha
death resulted	from: Netural co	iuses 🖹 , Accident 🔲 , Suid	ide 🔲, Hamicide	. Undetermined	couse .	
	11.	· **				
ACTUAL SIGNATURE	+ V Liene	mg H.C.	M.D. CHIEF MEDICAL E	KAMINER 🔲	DATE S	IGNED
EXAMINER'S -		-	ASSISTANT MEDIC	AL EXAMINER		
NAME (Type)	H.V.Deming	11.0.	DEPUTY MEDICAL	EXAMINER 1 March	2^-1956	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,		*
Burial	Harch 30	1956 Tunnelton C	eme tery	·	West Virginia	2.
23. FUNERAL DIRECTOR		ADDRESS	240. REC		STRAR'S SIGNATURE	MI
John J. H	lafer, Cumber	land, Maryland.	No. All I	1/1 29/90 //	K-Banh 1	11.2

Hazen

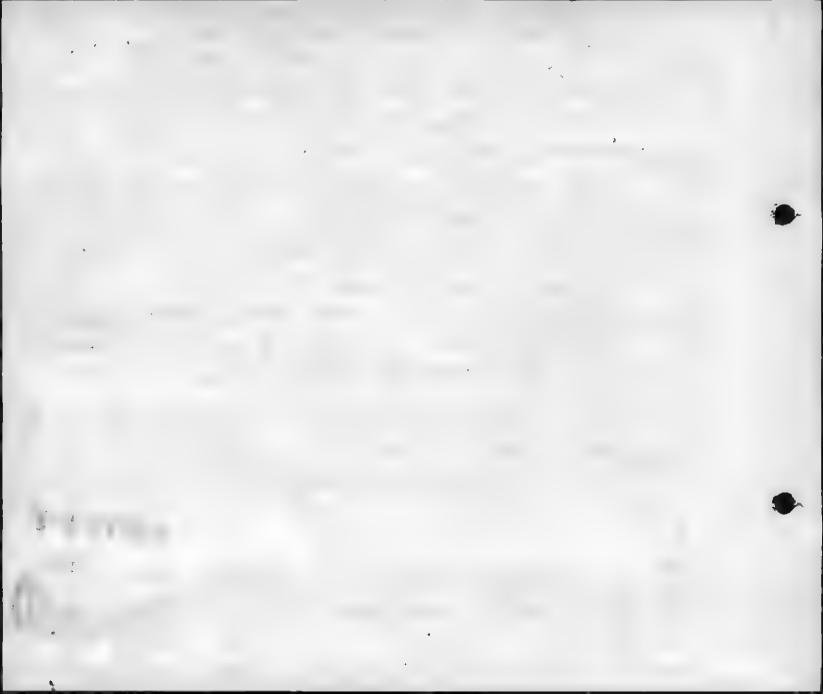
VS. A15ME(5) 5M 9/55

or removol

TO DEPUTY MEDICAL EXAMINER: This

BNEEVN X' Z

DECEIVED ANA



ATTENDING PHYSICI

A15C 1-55 10M

55

1. PLACE OF DEATH

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

Y fillegany
(If outside corporata limits, write RURAL

Vumberland

DATE THEREOF

3/9/56
REGISTRAR'S SIGNATURE

end give nearest town)

BURIAL, CREMATION,

REMOVAL (SPECIFY)

24. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME)

TOWN

STREET

ADDRESS

(Il outside corporale fimits, write

bumberland

2394 CERTIFICATE OF DEATH

MARYLAND LENGTH OF STAY

(in this place)

02406

R	eg. Dis	t. No	4	
OF D	ECEASE	D		
OUNTY .	Alle	Cally arest town)		
				· "}
rural giv	ve location)			
ia	Aven	ue		
E (Mor	Aven	(Dey)	(Year)
TH 214	arch	6	19 IF UNDER 2	56
	Months	Days	Hours	Min.
yn,	11100711112		1100/	
	Î	Z. CITIZET	OF WHA	T
Pe:	nn l	J. S.	Α.	
Jnkn	own)_			
5 C	olum	bia.	avent	ıe .
amb	erla	nd.	ary	lund
		INTER	ET AND DE	
		3	head	620
		17	efelia	A .d
		-	1	Service St.

DATE SIGNED

(State)

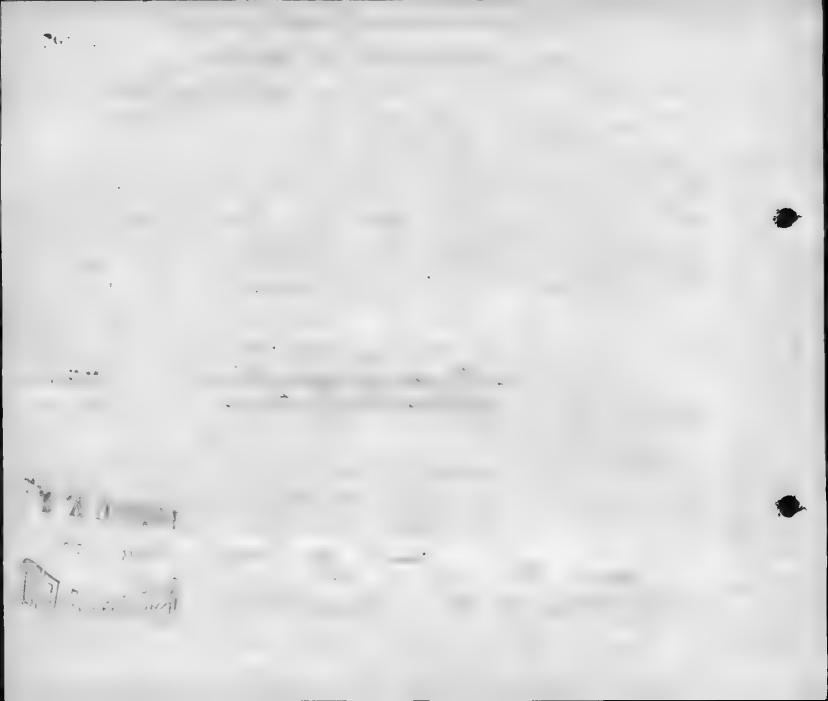
LOCATION (City, town, or county)

John J. Hafer. vumberland. maryland

25. FUNERAL DIRECTOR'S SIGNATURE

Mr.	STREET ADDR	ESS 535 C	olum	bia	Avenue.				535 (Col	umbi	8	Aven	ue		
3.	NAME OF	(Firs	1)		(Middle)		(L	est)		4.	DATE	(Mo	nth)	(Dey)	(Ye	or)
	(Type or Print		PAH		ALPERTA	Ţ	KUHL				DEATI	H	arch	6	19	56
5.	SEX	6. COLOR OR RACE	7.	SINGLE,			DATE OF B	IRTH	9.	AGE	last birth		IF UNDER		IF UNDER	24 HR
en	ale	white		(Spacety)	.idowed	.8	arch	11.1878	3	77		yn,	Months	Days	Hours	Min.
_	USUAL OCC	UPATION (Give kin- most of working life	d of work , even if	10	b. KIND OF BUSIN OR INDUSTRY		and the latest	BIRTHPLACE (Stat	. ,	count	ry)		13	Z. CITIZE	N OF WH	IAT
	retired)	usewite			wa rome		- Gu	mierlar	nd la	11	ey.	Pe	nn!	J. S.	Α.	
13.	FATHER'S NA	ME						14. MOTHER'S	MAIDEN NA	AME						
	T	HC2TMOL	F		HAMKS			CATH	ERI	THE T	(U	nkn	own)			
	WAS DECEA!	SED EVER IN U. S.			16 SOCIAL S	ECURITY N	10.	17. INFORM					olum	าร่อ	aVer	1110
(Yes	, no, or unk.)	(If Yes, give war	or datas o	f service)	.one			L. ofters	4 K 1	7			erla		0.30.2	7. 2
440	,					EDICAL	CERTII	FICATION		CLI L		min	61.101		RYAL BET	WEEN
I i	DISEASES OR	CONDITIONS DIREC	TLY LEAD	ING TO D				17 1	4	· 6				ONS	ET AND I	DEATH
	, IM	MEDIATE CAUSE	(A		Lari	TLL	24.	XILHA2	de	0	K			9	1260	2 7
•		ECEDENT CAUSE(S)			en 1.	10	1 1	. 6 . 4	4	A						
	EASES OR CO	ONDITIONS, IF AN	(Y, (B		111111	ial	124	Peru	La.d	-	7			for	Africa	at
		THE ABOVE CALLYING CAUSE LA		то												
			(C													
1	O THE DEATH	CANT CONDITIONS BUT NOT RELATED ENDITION CAUSING	TO THE	UTING										Ì		
	DATE OF OF			JOR FIND	INGS OF OPERATI	ION								20 YES	, AUTOP	
21e.	ACCIDENT V	VAS UNDERLYING	□ 1 2i	b. PLACE	(Home, farm, fact	tory.	1 21c.	WHERE DID INJUR	Y OCCUR?	(City	or town)		(Cour		(Steta	- P
		MEDICAL EXAMINE	IO HT.	INJURY s	treat, office bldg.,	atc.)				(,			,,,,,			
21d.	TIME OF INJ	URY (Month) (D	sy) (Yaar) (Hour) M.	While	CURRED Not while at work	21f.	HOW DID INJUR	Y OCCUR?		/		-/			
22		certify that						1956,10	Ina	116	2, 19		6, that I			ceasec
	alive on	max 6	., 19.5	6	and that deat	h occuri	red at	J. Li.M. from	m the car	uses	and on	the	date state	d abov	e.	

NAME OF CEMETERY OR CREMATORY



2 .V UASamo,

Althu cou	Orer		W. A.	MARYLAND	STATE DEPA	RTMEN	NT OF HEALTH	-BALTIN	NORE, 1	8	2400
T 25				2395	CERTI	FICAT	E OF DEATH			Reg. Dist. 1	2408
Page directal	\	·	LACE OF DEATH COUNTY Allege		MARY		USUAL RESIDENCE (Who o. STATE Maryl	_	d If institution b. COUNTY	n Residence b	
be t			CITY OR TOWN (1F autside RURAL and give nearest tow	corporate limits, write m)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF or	stside corporate f	imits, write RL	JRAL and give	nearest town)
ofter de		i.	L NAME OF HOSPITAL (If no	t in hospital, give street	1 day		Lonacon d. STREET ADDRESS	ing, Ma	ryland	7	e. IS RESIDENCE
irs of by th i 2 st		p	OR INSTITUTION	eart Hospit				tate St	reet.	,	ON A FARM? YES NO
I hou			NAME OF	First	Middle		Lost	4. DATE OF	Mani	h	Day Year
in 24			Type or print)	Desiree	Lyr		Scott	DEATH	Marc		13 19 55
<u>×</u> × × ° × ° ° ° °		5 5		White WIDOW	RIED NEVER MARRI		DATE OF BIRTH		GE (In years s) birthday) yrs.	Months Day	FAR IF UNDER 24 HRS YS Hours Min.
can papers		100	LSUAL OCCUPATION (Give during most of working life,				May 23,19			12 CITIZEN	N OF WHAT COUNTRY
	/		during most of working life,	even it retired)			Marwl				U.D.A.
an and carbon offer de	1	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	-	11/	' A
physician mave hours		15.	Roleri A WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO	. 17. INFO	Charl	otta Ha	/Jley	Hade	ly
25.99	2	IYes	no, or unknown] [If yes, give	war or dates of service)	Thone-		Chart		750011		1
death trendir please vithin			18. CAUSE OF DEATH [Ent		ine for (a), (b), and (c)	10				1	NTERVAL BETWEEN ONSET AND DEATH
he d en p			PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	Cerebra	2	Cinoxea				24/20
bot I				DUE TO '	2-1 6	2	1				26/10
ned bermit			Conditions, if any, which gave rise to immediate	e (D)	Jeryon	1 and	0 1				202
require sign.			tying couse last.	(c)	Cecut	2/	Bunch	1 in			2d.
he law physici nas beer nal-tran naval, a	<u>ئ</u>	CERTIFICATION			CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERMIN	VAL DISEASE CO	NOTION GIVE	N IN PART 160	19. WAS AUTOPSY PERFORMED? YES 10 NO
IIAN: T tending liticate by the by ar ren			200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	RLYING 205, DES SE OF DEATH , EXAMINER)	SCRIBE HOW INJURY O	CCURRED (I	Enter nature of injury in P	ort I or Part II of	ilem 18)		
ortical at a certical at a cer		MEDICAL	20c. TIME OF INJURY Mont Have o. m. p. m.	White	NJURY OCCURRED Not while rk at work	20e PLACE foctory	OF INJURY [Home, form, y, street, office bldg., etc.]	20f. (City or to	own)	{Coun	ity) (Stote)
TNG frer frer sd for			21. I certify that I at	tended the deceas	sed from Many	23	., 19_13 to_3	-/3	. 1974	;that I last	saw the decease
TENTO The h Toche Durin			alive on 3 - 13	12-	and that	death o					date stated above
ECTO ECTO e de or to			ACTUAL SIGNATURE	S. S.	and to		51 2	DORESS (Street,	City or lown, s	Tole)	DATE SIGNE
AL OR			PHYSICIAN'S	111	1/	M. D			/		3-14-
OSPITAL Abereta JNERAL je 3 shoured registrar			NAME (Type) GRONGE				Main_St	Lona	coning,	_Md	
HOS may b FUNI page 3		220	BUILDIA (SECOLO)	16/56	Memoria			22d LOCATION Frest		(county)	(Stole)
5 E 5 g =		23.	FUNERAL DIRECTOR'S SIGNA		ADDRESS	A-14 L 0		8Y REGISTRAR		TRAR'S SIGNA	TURĘ
VS A1S (4) 15M 9/55		Ge	• Echhorn	Lonaconing,	Md.		Barrell	15/95	6 WK	Fran	to. M.D
		2	001 3:44	L 2				11			Ü



the registrar within 72 hours after death. After in by the, funeral director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02409

2396 CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDE	ENCE (HOME) OF DE	CEASED		
COUNTY Allegan	V	MARY	LAND	STATE Penns	SALAN COUNTAB	edford		
CITY (If outs de carporate lim OR end give naerest town)	ifs, write RURAL	LENGIH (in this	OF STAY	CITY (If outside cor	porate limits, write RURAL or	nd give nearest town	1)	
TOWN Camberl	and	9	los	TOWN Arten	as, renisy	lvania		
HOSPITAL OR TOTAL	rayette	. Stre t		STREET ADDRESS	(If rural give		·	
	, kursi.			ADDRESS				¥
3. NAME OF (F	irst	(Middle)	· · · · · · · · · · · · · · · · · · ·	(Last)	4. DATE Mon	th) (Dey)	[Yee	-}
(Type or Print)	ANDA	JAM	SHITTI	प्रभ	DEATH "A	rch23	19 (L
S. SEX 6. COLOR OF	T 7. SINGLE	E. MARRIED.	8. DATE		9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER	
'emale RACE	{Specif	WED, DIVORCED,	aral	23,1971	85 yrs.	Months Days		Min
10e. USUAL OCCUPATION (Give k	ind of work	106. KIND OF BUSINI OR INDUSTRY	ESS	11. B.RTHPLACE (State or fo	reign country)		EN OF WHA	Ť
retired) nousewif	e (Own Home		Pennsylvan	nia		S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
WILLIA.	PLES	PCHER		NANCY	VE INEE.			
IS. WAS DECEASED EVER IN U. S	. ARMED FORCES?	16. SOCIAL SE	CURITY NO.	17. INFORMANT &	ADDRESS			
-(Yes, no, or unk.) (If Yes, give w	ar or datas of service	" None		Valter 3	Lipley, Cun	berland	11-0	
IMMEDIATE CAUSE	CAST C	1/1001	UCA	racus		3	may	*
AMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C. STATING UNDERLYING CAUSE I. TO THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI	ANY, (B) AUSE DUE TO (C) AST. (C) AS CONTRIBUTING	arti	real.	rditis	nsim	18	mas	7
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	ANY, (B) AUSE DUE TO (C) AST. (C) AS CONTRIBUTING TO THE AG DEATH.	A The		ryperte	nsin		O. AUTOPS	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE C, STATING UNDERLYING CAUSE L 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI	(S) DUE TO ANY, (B) AUSE DUE TO (C) NS CONTRIBUTING TO THE NG DEATH. 19b. MAJOR FI G [] 21b. PLACE EATH OF INJURY	NDINGS OF OPERATION CE [Home, Ierm, Iech / street, office bldg., a	ON Ory.	Typerte				
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE C, STATING UNDERLYING CAUSE L If OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI 19 DATE OF OPERATION 21 ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DI	(S) DUE TO ANY, (B) AUSE AUSE (C) NS CONTRIBUTING TO THE NG DEATH. 19b. MAJOR FI 19b. MAJOR FI 21b. PLACE ACT OF INJURY NER	CE (Home, ferm, factor streat, office bldg., a	ory,		UR? (City or Iown)	YES	NO NO	_
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE C, STATING UNDERLYING CAUSE L 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM) 21d. TIME OF INJURY (Month) 22. 1 hereby certify the	(S) DUE TO ANY, (B) AUSE AUSE OUE TO (C) NS CONTRIBUTING TO THE NG DEATH. 19b. MAJOR FI 19b. MAJOR FI 21b. PLACE EATH OF INJURY NER) (Day) (Year) (Hou	CE (Home, ferm, fact, fates), office bidg., a r) 21e. INJURY OC. While et work a e deceased from	ON Ory, olc.) CURRED Not while of work	21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC 11f. 195, to 11f.	UR? (City or lown) UR? Causes and on the d DRESS (Street, city, town	(County) , that i last salate stated above, stele)	(Steta) We the decive.	ease
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C. STATING UNDERLYING CAUSE I 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI 19e. DATE OF OPERATION QR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM) 21d. TIME OF INJURY (Month) 22. 1 hereby certify the alive on the contribution of the contribut	(S) DUE TO ANY, (B) AUST. DUE TO (C) NS CONTRIBUTING TO THE NG DEATH. 19b. MAJOR FI 21b. PLAC EATH NER! (C) MA AT I attended the (C), 19 (D) DATE THEREOF	CE [Home, ferm, factor street, office bldg., a rr] 21e. INJURY OC. While el work are deceased from, and that death NAME OF	ON Ory, olc.) Outreed Not while of work M. D. F CEMETERY OF	21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC 195. C., to M. 195. M., from the ADI	Causes and on the done (Street, city, town LOCATION [City, town	(County) (County) (County) (County) (County) (County) (County) (County)	w the decive.	ease sale)
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE C. STATING UNDERLYING CAUSE I 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI 21d. TIME OF INJURY (Month) 22. 1 hereby certify the alive on The Contribution SIGNATURE 23. BURIAL CREMATION,	(S) DUE TO ANY, (B) AUSE AUSE DUE TO (C) NS CONTRIBUTING TO THE NG DEATH. 19b. MAJOR FI 19b. MAJOR FI (Day) (Year) (Hou M At I attended the Co., 19	CE [Home, ferm, factor street, office bldg., a control of street, office bldg., and that death with the street, office bldg. I see the street, of st	ON Ory, olc.) Outreed Not while of work M. D. F CEMETERY OF	21c. WHERE DID INJURY OCC 21f. HOW DID INJURY OCC 195. C., to M. 195. M., from the ADI CREMATORY LEW Christis	UR? (City or lown) UR? Causes and on the d DRESS (Street, city, town LOCATION (City, town Artemas	(County) (County) (County) (County) (County) (County) (County) (County)	(Steta) we the decove. DATE SIGN (S) ylvar	easoni sale)

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours affer The bottom copy may be retained by the hospital or attending physician.

BUREAU K. S.

? AAM

THE STATE OF

2 .V U _____

in the common of the common of

copy

director, the third

the registrar within in by the funeral

72 Hours after Beath.

after

executed Within

ATTENDING PHYSICIAM OF HOMETIAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician:

ATTENDING PHYSICIAN

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate III filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2397

02411 Reg. Dist. No......

COUNTY Allegany OR and of your needs from, while BURAL OR STATE OF STAY OR AND OF THE STAY OWN COUNTY OUT OF THE STAY OWN Westermore (Fruid give locesion) ADDRESS STREET ADDRESS SYLVAN Retreat (Fruid give locesion) ADDRESS STREET (Fruid give locesion) ADDRESS STREET (Fruid give locesion) ADDRESS SYLVAN RETREAT (Fruid give locesion) ADDRESS STREET (Fruid give locesion) ADDRESS STREET (Fruid give locesion) ADDRESS (Fruid give locesion) ADDRESS STREET (Fruid give locesion) ADDRESS (Fruid give locesion) ADDRESS STREET (Fruid give locesion) ADDRESS (Fruid give locesion)	1. PLACE OF DEATH		2 USUAL PERIDEN	CE (HOME) OF DECEAS	VED
CITY (II coulded componed forms, write RURAL and give nearest town) OR mod of your enearts form) OR moder and form of the manufacture of the meant form of the manufacture of the manu	I. PEACE OF DEATH				
CITY Of cutrade composets limit, write RURAL (Intelligence) (Intel	COUNTY Allegany	MATETAND	state Marylan		
NOSPITAD OF NOSPITATION OF NOSPITATION OF NOSPITATION OF NOSPITAD OF NOSPITATION	CITY (If outside corporate limits, write RURAL		CITY (if outside corpore	ata Kmits, write RURAL and give i	neerest town
ROSPITAL OF INSTITUTION OR STREET ADDRESS Sylvan Retreat Sylvan Re	- TOWN		to the back of the second of t	emport.	4
ADDRESS STRETA DORESS STRETA D		I III days			(n)
S. NAME OF STATE (Month) (Day) (Visus) (Perchased (Perc	INSTITUTION OF	+	ADDRESS	, -	
DECEASED (Types or Photol) Strieby Strieby DEATH March 11: 19 56 19 56 S. SEX 6. COLOR OR RACE WIDOWOOD, DIVORCED, Specify) W Oct. 1, 1870 Months Days House 24 HES M. WIDOWOOD, DIVORCED, Specify) W Oct. 1, 1870 Months Days House 24 HES M. WIDOWOOD, DIVORCED, Specify) W Oct. 1, 1870 Months Days House 24 HES M. Second during most of working life, even if relieved Reside or foreign country) Months Days House March 11: 10b. KIND OF BUSINESS OR INDUSTRY Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country Warrensville, Pa. U.S. As MED FORCES? IVENTO OF UNLY, Specify Warring Country IVENTO O				-	
Type or Print) Harry Strieby Strieby DEATH March 11 19.56 5. 5EX 6. COLOR OR 7. SINGLE MASKED MIDOWED, ON ORCED, SPECIAL OCCUPATION (Give lind of work Months 1978 North 1879 No				4. DATE (Month)	(Dey) (Year)
M. SACE W Specify W Oct. 1, 1870 85 yr. Months Dery Hours Min. 100. USJAL OCCUPATION (Give kind of work done during most of working life, even if relief) 101. FATHER'S NAME 102. CRITICAL OF WINDSTRY Warrensville, Pa. U.S. A. 103. FATHER'S NAME Henry Strieby 105. WAS DECASED EVER IN U.S. ARMED FORCES? 106. SOCIAL SECURITY NO. 107. INFORMANT & ADDRESS 107. INFORMANT & ADDRESS 108. MEDICAL CERTIFICATION NO. 10 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 11 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 12 DISEASES OR CONDITIONS OF ANY. 13 DISEASES OR CONDITIONS CONTENUING 14 DISEASE OR CONDITIONS CONTENUING 15 DISEASES OR CONDITIONS CONTENUING 16 DISEASES OR CONDITIONS CONTENUING 17 DISEASES OR CONDITIONS CONTENUING 18 DISEASE OR CONDITIONS CONTENUING 19 DISEASES OR CONDITIONS CONTENUING 10 DISEASE OR CONDITIONS CONTENUING 11 DISEASE OR CONDITIONS CONTENUING 12 DISEASE OR CONDITIONS CONTENUING 13 DISEASE OR CONDITIONS CONTENUING 14 DISEASE OR CONDITIONS CONTENUING 15 DISEASE OR CONDITIONS CONTENUING 16 DISEASE OR CONDITIONS CONTENUING 17 DISEASE OR CONDITIONS CONTENUING 18 DISEASE OR CONDITIONS CONTENUING 19 DISEASE OR CONDITIONS CONTENUING 10 DISEASE OR CONDITIONS CONTENUING 10 DISEASE OR CON		S	trieby	DEATH March	14 19 56
M. Specify W. Oct. 1, 1870. 85 106. USUAL OCCUPATION (Give kind of work if the country) 106. USUAL OCCUPATION (Give kind of work if the country) 107. USUAL OCCUPATION (Give kind of work if the country) 108. USUAL OCCUPATION (Give kind of work if the country) 109. USUAL OCCUPATION (Give kind of work if the country) 100. USUAL OCCUPATION (Give kind of work if the country) 100. USUAL OCCUPATION (Give kind of work if the country) 100. USUAL OCCUPATION (Give kind of work if the country) 100. USUAL OCCUPATION (Give kind of work if the country) 100. USUAL OCCUPATION (Give kind of work if the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the country) 100. NAS DECEASED EVER IN U. S. ARMED FORCES? (As Deceased in the	5. SEX 6. COLOR OR 7. SINGLE, MA		F BIRTH 9	. AGE lest birthdey IF UNI	
10. COUNTION (Give bind of work done during ment of working life, even if reliefed) Retired 10. Kind of rushing dense during ment of working life, even if reliefed) Retired 12. COUNTRY Warrensville, Pa. 12. COUNTRY U. S. A. 13. FATHER'S NAME 14. MOTHER'S MADDEN NAME 14. MOTHER'S MADDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (19. No. or unk.) (if Yes, give wer or detes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 11.6, Maryland Ave., Mrs. Alta Frye, Westermort, Md. No. N		J Oct	1 1870	RC W Months	Deys Hours Min.
done during most of working life, even if relieved Retrieved Retri	** 1				12 CITIZEN OF WHAT
14. MOTHER'S MAME 14. MOTHER'S MAIDEN NAME Rachel Ridge Ra	done during most of working life, even if				COUNTRY?
Henry Strieby 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 14.6, Maryland Ave., 18. MEDICAL CERTIFICATION 19. MARSON DIRECTLY LEADING TO DEATH 10. INFORMANT & ADDRESS 14.6, Maryland Ave., 10. INFORMANT & ADDRESS 14.6, Maryland Ave., 10. MASSAES OR CONDITIONS DIRECTLY LEADING TO DEATH 10. MEDICAL CERTIFICATION 10. INFORMANT & ADDRESS 14.6, Maryland Ave., 10. MASSAES OR CONDITIONS DIRECTLY LEADING TO DEATH 12. MAREDIATE CAUSE 13. ANTECEDENT CAUSE(S) 14. OF INTERVAL BETWEEN 15. MEDICAL CERTIFICATION 16. MEDICAL CERTIFICATION 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS 14.6, Maryland Ave., 18. MEDICAL CERTIFICATION 19. MAREDIATE CAUSE 19. MAREDIATE CAUSE(S) 10. OF INTERVAL BETWEEN 17. INFORMANT & ADDRESS 14.6, Maryland Ave., 18. MEDICAL CERTIFICATION 19. MAREDIATE CAUSE 19. MAR	rectied				U. S. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give wer or deles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 11.6, Maryland Ave., Mrs. Alta Frye, Westernport, Md. 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4 2 2 MAMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANN. GIVING BUSE TO THE ABOVE CAUSE (A) ANTECEDENT CAUSE(S) CONTRIBUTIONS CONTRIBUTIONS OF INDIRECTLY OF	13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give wer or detes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 11.6, Maryland Ave., Mrs. Alta Frye, Westernport, Md. 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 42. AMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANN. GIVING BUSE TO THE ABOVE CAUSE (A) ANTECEDENT CAUSE(S) CONTRIBUTIONS CONTRIBUTIONS OF INDIRECTLY AND DEATH 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 21. PACE (Home, farm, fectory, OF INJURY MAS UNDERLYING OF INJURY street, office bidg., etc.) While Work Mas Willow (Month) (Pay) (Year) (Month) (Pay) (Y	Henry Strieby		Rachel R	Pidge	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS, IF ANN, (B) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANN, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH DISEASE OR CONDITION COLUMN CO	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.			Jand Arra
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS, IF ANY, (B)			35 47 4	T T = - L	
IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DIE TO CALLECT ALL ATTENDOCUMENTS (C) CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, Isrm, Inctory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 22c. I hereby certify that I attended the deceased from Mail of twork alive op. Major Finding Cause of Death All Contributing Causes of Death While of INJURY OCCUR? While of Work AND COUNTY 22c. I hereby certify that I attended the deceased from Major Finding Causes and on the date stated above. ABBRESS (Street, city, lown, or county) Selection M. D. 22s. BURNAL, EREMATION, REMOVAL (SPECIFY) BUT 12 March 18, 1956 Levels Cemetery Location (City, town, or county) Levels, West Virginia. ADDRESS	No I			rye, westernoo	
ANTECEDENT CAUSE(S) DUE TO GIVEN GOR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 179. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. WHERE DID INJURY OCCUR? (City or town) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While of INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. Hot while of work in electrony, BIGNATURE 22. I hereby certify that I attended the deceased from Anterior of two the office of the own of t	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		IIIFICATION . 1/	-4	
ANTECEDENT CAUSE(S) DUE TO GIVEN GOR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 179. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. WHERE DID INJURY OCCUR? (City or town) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While of INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. Hot while of work in electrony, BIGNATURE 22. I hereby certify that I attended the deceased from Anterior of two the office of the own of t	4222	Vuleu	onary 1/4	1Doslasus	72hrs
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE LAST, OUE TO CONDENSITION CAUSE LAST, OUE TO CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19c. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19c. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19c. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19c. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19c. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) While of work 10 of the work	BUL TO	- /		1/2	
GIVING RISE TO THE ABOYE CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele) 21d. TIME OF INJURY (Month) (Dey) (Year) (Year) (Hour) (Stele) 22l. INJURY OCCUR? While et work et work 22l. Hereby certify that I attended the deceased from Major work alive on Major Finding Cause of Death M. et work 22l. Indeed the deceased from Major Finding Cause Appress (Street, city, town, stele) 3 (PR) (County) (Stele) 21l. HOW DID INJURY OCCUR? While et work 22l. How Did Injury OCCUR? While et work 23l. BURAL CREMATION, REMOVAL ISPECIFY DATE THEREOF NAME OF CREMETERY OR CREMATORY NAME OF CREMATORY LOCATION (City, town, or county) (Stele) 12l. HOW DID INJURY OCCUR? LOCATION (City, town, or county) (Stele) 12l. HOW DID INJURY OCCUR? County Occurs Appress (Street, city, town, stele) 12l. HOW DID INJURY OCCUR? County Occurs Appress (Street, city, town, or county) (Stele) 22l. BURAL CREMATION, REMOVAL ISPECIFY BULL 21 22l. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	MINIECEDEMI CMOSE(3)	Chyoni	1 Thousand	onlike	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.) OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) OF INJURY with control of injury occur? (IF EITHER, NOTIFY MEDICAL EXAMINER) 221d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work 222. I hereby certify that I altended the deceased from Month of the causes and on the date stated above. BIGNATURE 233. BURYAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY REGISTRAR? SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR? SIGNATURE COLUMN (County) 25. FUNERAL DIRECTOR'S SIGNATURE 26. WHERE DID INJURY OCCUR? 26. WHERE DID INJURY OCCUR? (City or town) 27. WHERE DID INJURY OCCUR? (City or town) 28. WHERE DID INJURY OCCUR? 29. WHERE DID INJURY OCCUR? 20. WHERE DID INJURY OCCUR? 216. WHERE DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. HOW DID INJURY OCCUR? 219. WHERE DID INJURY OCCUR? 210. WHERE DID INJURY OCCUR? 210. WHERE DID INJURY OCCUR? 210. WHERE DID INJURY OCCUR? 211. HOW DID INJURY OCCUR? 212. HOW DID INJURY OCCUR? 213. HOW DID INJURY OCCUR? 214. HOW DID INJURY OCCUR? 215. WHERE DID INJURY OCCUR? 216. WHERE DID INJURY OCCUR? 217. HOW DID INJURY OCCUR? 218. HOW DID INJURY OCCUR? 219. HOW DID INJURY OCCUR? 220. WHERE DID INJURY OCCUR? 2219. HOW DID INJURY OCCUR? 2210. HOW DID INJURY OCCUR	GIVING RISE TO THE ABOVE CAUSE			- 0	····
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (Counly) (State) OF INJURY Street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 22d. I hereby certify that I attended the deceased from Not while et work et work 22e. I hereby certify that I attended the deceased from Not while et work 23. BURYAL, REMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR'S SIGNATURE 255. FUNERAL DIRECTOR'S SIGNATURE 266. WHERE DID INJURY OCCUR? 276. WHERE DID INJURY OCCUR? 277. WHERE DID INJURY OCCUR? 286. WHERE DID INJURY OCCUR? 297. WHERE DID INJURY OCCUR? 298. WHERE DID INJURY OCCUR? 298. WHERE DID INJURY OCCUR? 299. WHERE DID INJURY OCCUR? 299. WHERE DID INJURY OCCUR? 291. HOW DID INJURY OCCUR? 291. HOW DID INJURY OCCUR? 299. WHERE DID INJURY OCCUR? 290. WHERE DID INJURY OCCUR? 291. HOW DID INJURY OCCUR? 292. WHERE DID INJURY OCCUR? 293. WHERE DID INJURY OCCUR? 294. WHERE DID INJURY OCCUR? 295. WHERE DID INJURY OCCUR? 296. WHERE DID INJURY OCCUR? 296. WHERE DID INJURY OCCUR? 296. WHERE DID INJURY OCCUR? 297. WHERE DID INJURY OCCUR? 298. WHERE DID INJURY OCCUR? 299. WHERE DID INJURY OCCUR? 290. WHERE D	STATING UNDERLING CAUSE LAST.	Xcoreto.	ral Art	erecovers.	200 ?
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (Counly) (Stele) OF INJURY Street, office bidg., etc.) OF INJURY Street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) M. et work Not while et work 21d. Thereby certify that I attended the deceased from Not while et work 21d. Thereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. I hereby certify that I attended the deceased from Not while et work 22d. Levels Certify that I attended the deceased from Not wh	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a di protri co	tr	7	7
196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While et work Not while et work 1		Serv	ile po	UCKOOL.	\$ 30/20,
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while 21l. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21l. HOW DID INJURY OCCUR? While Not while 21l. HOW DID INJURY OCCUR? While How DID INJURY OCCUR		S OF OPERATION		/	20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While et work et work et work of the etwork of th			V		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While et work 21ll. HOW DID INJURY OCCUR? While et work 21ll. HOW DID INJURY OCCUR	21. ACCIDENT WAS UNDERLYING 216. PLACE (He		Tic. WHERE DID INJURY OCCURT	? (City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Store While Work Work While Work Work While While Work While While Work While Whi	OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree	t, office bldg., etc.)			
22. I hereby certify that I attended the deceased from 1956, that I last saw the deceased alive on 1956, and that death occurred at 1956, the causes and on the date stated above. BIGNATURE 23. BURNAL, REMATION, REMOVAL (SPECIFY) Burial 10. DATE THEREOF NAME OF CEMETERY OR CREMATORY DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) LOCATION (City, town, or county) Slote) Burial 124. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2		21. HOW DID INJURY OCCUR	?	
alive on Mar. 19.56, and that death occurred at M.D. M., from the causes and on the date stated above. ADDRESS (Street, city, town, state) 23. BURYAL, CREMATION, REMOVAL (SPECIFY) Burial March 18, 1956 Levels Cemetery Levels, West Virginia. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
alive on			3 1057 - 100	10.14 10.56 11	A I had something discovered
BIGNATURE APPRESS (Street, city, town, stete) 49 Trece 3 - 15 5 23. BURYAL, CREMATION, REMOVAL (SPECIFY) Burial March 18, 1956 Levels Cemetery Levels, West Virginia. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
23. BURYAL, CREMATION, REMOVAL (SPECIFY) Burial March 18, 1956 Levels Cemetery Levels, West Virginia. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Thereof Name of Cemetery or Crematory Location (City, town, or county) Levels, West Virginia. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	alive on 19 and a	nd that death occurred at	M, from the ca	uses and on the date st	ated above.
Burial March 18, 1956 Levels Cemetery Levels, West Virginia. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS	BIGNATURE	1	Math	ESS (Sireer, City, town, stete)	47
Burial March 18, 1956 Levels Cemetery Levels, West Virginia. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS	Much 6 1 F	Lacr M.D.	7100	ecce of,	マック ら
Burial March 18, 1956 Levels Cemetery Levels, West Virginia. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS	23. BURYAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Iown, or cou	nty) (Slete)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		956 Levels Ce	meterv	Levels, West	Virginia.
'a ' ' 1 1 7 + 00 + M'	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR'S S		
Grand 16. 193 6 Winter R. Theah, M. A. Boal's Funeral Home, Westernport, Maryland	101 - K 1/ 10 1 71 + 0	Trant Mi	D - 3 1 - 13 3	Views 11-sh	mand Manual and

Ű



VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2429 **CERTIFICATE OF DEATH**

02412 Reg. Dist. No.

		LACE OF DEATH				2	. USUAL RESI	DENCE (Who	ere decease	d lived. If instit		ice befor	e admissi	on)
		A. COUNTY	11egany		MARYL	AND		Mary1a	nd	b. COUN	M A11	e gan	У	
	ŀ	CITY OR TOWN (H	outside carporale lim	its, write	c. LENGTH OF STAY II	4 1b	c. CITY OR	TOWN (If a	ulside carpa	erote limits, write	RURAL ond	give nea	rest town)
	-		Cumberland		20 yrs.		R. D	• # 6	Cumb	erland,		124		
		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital,	give street	oddress)		d. STREET A	ADDRESS				1	e. IS RESI	DENCE FARM?
		Cresap Dr	ive Bowli	ng G	reen		Cresa	p Driv	re Bo	wling G	reen			ио 📆
	3. F	NAME OF DECEASED	Fi	rst	Middle		Lo	\$7	4. DATE		lonth	Day	,	ear
		(Type or print)	WILBERT		REYNOLI	DS	THE	IS	DEATH	March	31	- 9	1	956
	5. S	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRT	H		9. AGE (In year		\rightarrow	IF UNDE	
		Male	White	WIDOW	ED DIVORCED		une 11	, 1902	2	L	rs Months	Days	Hours	Min
1	10a	USUAL OCCUPATIO	N (Give kind of working life, even if refired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHP	LACE (State of	or foreign c	ountry)	12 CI	TIZEN O	F WHAT	COUNTRY?
Ĥ	In	sulation S			elanese Cor	D.	Pit	tsburg	z. Per	ma.		U. S	5.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		Fred Th	neis					Annie	Reyno	1ds				
			IN U.S. ARMED FOI		SOCIAL SECURITY NO.	17. INF	PRMANT			A	ddress			
	(14.	No.	it yes, give wor or ourse or		17-10-4045	Mrs.	Marga	ret E.	Thei	is R. D.	# 6 0	umbe	erlan	d, Md
		18 CAUSE OF DEA	TH [Enter anly one co	ouse per li	ne for (a), (b), and (c).]	_		1			\		RVAL BET	
		PART I. DEA	TH WAS CAUSED BY	. 0	costie (Ins	uro	m (diss	ection	~)	12	ET AND	DEATH /
		- F7 %	DUE TO					-			01			
		Conditions, if or	ktub A		is teru	Sar.	lero	مالح				12	41	D.
		gave rise la in	nmediate (- 0 -							- 1	
		catse (a), sloting (ne <u>under-</u>	c)										
	Z			-	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION (GIVEN IN PAR	T 1(0) 1	9 WAS A	LUTOPSY
	CERTIFICATION			~									PERFOI	
	IFIC	20a. ACCIDENT WA		20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter noture o	of injury in P	ort 1 or Por	t II of item 18.)				
	CERI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							·				
	CAL	20c. TIME OF INJUR	Y Month, Day, Ye	par 20d. I	NJURY OCCURRED	Oe. PLAC	OF INJURY	(Home, form,	20f (City	or town]	(County)		(Stote)
	MEDICAL	Hour a.m., p.m.	19	While at wor	Not while	focta	y, street, offic	e bidg , elc.	1					
	~		as I assaudad sha		sed from 3 ~2	1.5	6 10	3.	-3/-	5610	Ab at 1	I mak a m	Alexander	4
		l 7_	2 - 5 L	: deceas	ond that									
		alive on A	21-5	12-	, ona mar (aeoin o	ccurrea at			n the cause: treet, city or tov		ne dai	ie state	d above. TE signen
3		ACTUAL	2-4.	4	November -			Í	100.1000 (0		on arouel	3	-31	.,~/
1		SIGNATURE	AAA	www.		M.	>							
		PHYSICIAN'S NAME (Type)	Oe,	c. 7	Zikhn	ER	MA	WV						
	220	BURIAL, CREMATIO	N, 22b. DATE THERE	OF.	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stote)
		Burial	4/3/56		Mount Le	banor	Cem.		Pi-	ttsburg	Penna	le_		
		FUNERAL DIRECTOR'S			ADDRESS			24g. 9EC'I	BY REGIS	TRAR 24b. RE	GISTRAR'S SI		E	
		H. Wayne	George Cu	nberl	and, Maryla	nd		Boril	3,19	56 W.	K. Tra	nk	, 111	2

BUREAU V. R.

t

. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02413

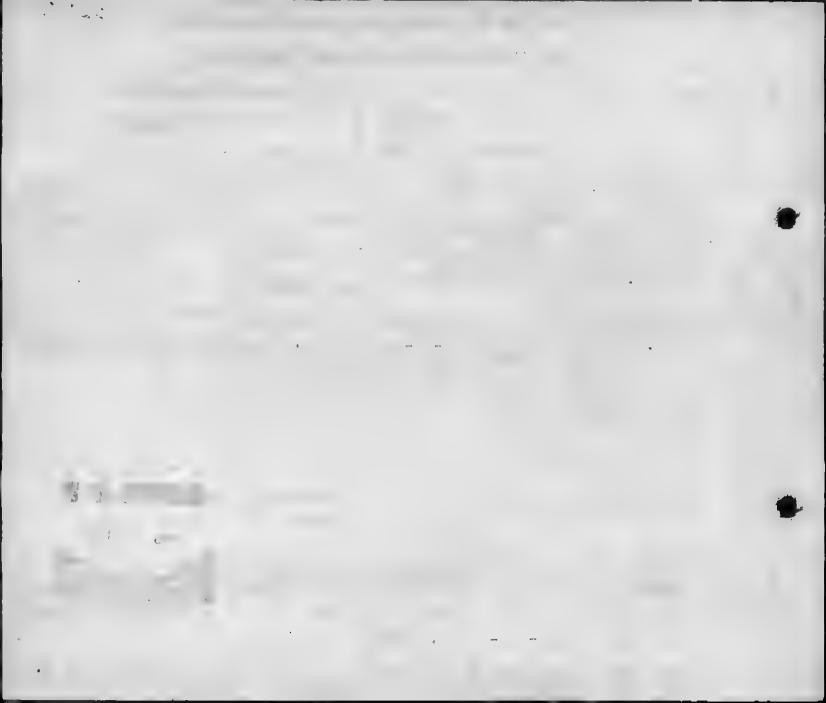
CERTIFICATE OF DEATH 2430

Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
City (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give nearest town)
OR and give nearest town) (In this place)	IOWN Deader 7 Transfer
x Route I. Frostburg intretime	Route L. Frostburg.
HOSPITAL OR INSTITUTION OR	STREET (If surel give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Day) (Year)
(Type or Print) Harry	
5. SEX 6 COLOR OR 17. SINGLE, MARRIED, 8. DATE C	
RACE WIDOWED, DIVORCED,	Months Dave Hours I Min.
Male White (Specify) Married Sept	.5th,1885 70 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ret.Coal Miner Coal Mining	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0	
George Tippen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Margaret Morgan 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	
Unk. 201-10-8576	Mrs.Clara Tippen.RFD 1. Frostbur
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) TYCCARCAIAL	INFARCTION I hR
ANTECEDENT CAUSE(S) DUE TO	La Carrier Manage
DISEASES OR CONDITIONS, IF ANY, (B)	ROSIS (CROUNKY YEARS
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	, Mounted YEARS
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO 2
21. ACCIDENT WAS UNDERLYING IT 21. DIACE ALL CO. Later	21c, WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.)	Zic, where Did injust Octors (City of lown) (County) (Stelle)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While - Not while -	ZII. HOW DID INJOKT OCCOR?
M. at work at work	
22. I hereby certify that I attended the deceased from	, 19.5 %, to, 19.5 %, that I last saw the deceased
alive on 2, 19.5.6, and that death occurred at	
SIGNATURE	ADDRESS (Street, city, town, stete). DATE SIGNE
Jaka (Decen) M.D.	Frottom, 10d 3/4/56
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR	
REMOVAŁ (SPECIFY)	
Burial 3 - 5 - 56 St. Michael	L's Cemetery Frostburg, Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
3.5. St. Maure N Res	Joseph R. Durst. Frostburg Md.

INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.



SEMBLE STREET 3 NAME OF DECEASED First Migdle Lost Migdle Deceased Deceas	2414
D. COUNTY ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and gow/phore BERKLEY SPRINGS d. NAME OF IOSPITAL (If not in hospital, give street oddress) d. NAME OF IOSPITAL (If not in hospital, give street oddress) d. NAME OF IOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 21 WILKES STREET Day Month Day Notice S. SEX FEMALE WHITE WIDOWED DOYOACED DOYOACED	4
RURAL GOSPITAL (If not in hospital, give street oddress) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 211 WILKES STREET DOY DECEASED IDA Windele DOY DECEASED IDA LOW LOTTOBIAS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 6. COLOR OR RACE 7. MARRIED NOVECED DIVORCED DIVORCED TOWN THE COLOR FOR THE PEND OF THE PEND	e odmission)
OR INSTITUTION TAL HOSPITAL 211 WILKES STREET A DATE DOTE	rest fown)
DECRASED (Type or print) IDA LOTTING TOBLAS DEATH MARCH 22 S. SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED DIVORCED DIVORCED DIVORCED JULIA 9. AGE (In years) Interiority (public interiority) WIDOWED DIVORCED JULIA 10. USCAL OCCUPATION (Give kind of work done) during most overking like, even if rehred) WHOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MEMORIAL HOSPITAL COMBERLAND, MD 18. CAUSE OF DEATH [Enter only one couse per line [or (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO CONDITIONS, which gover rise to immediate of immediate costs (o). Istoling the under. Iying couse lost. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 19 20. ACCIDENT WAS UNDERLYING DORDATH DOR CONTRIBUTING CAUSE OF DEATH (FITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 19 20. ACCIDENT WAS UNDERLYING DORDATH DOR CONTRIBUTING CAUSE OF DEATH (FITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 19 20. ACCIDENT WAS UNDERLYING DORDATH DOR CONTRIBUTING CAUSE OF DEATH WHILE 20. ACCIDENT WAS UNDERLYING DORDATH NOT WHILE NOT WHITE 20. ACCIDENT WAS UNDERLYING DORDATH NOT WHILE NOT WHITE DORDATH 19 ON WORK DO WO	N A FARM?
FEMALE WHITE WIDOWED DIVORCED June 23, 1914 (ast birthody) Months Doys 10c. USUAL OCCUPATION (Give kind of work done) during most of working file, even if rehred) HOUSEWIFE 13. FATHER'S NAME STEPHEN PAGENHARDT 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 16. no. or unknown) (17. INFORMANT) Address MEMORIAL HOSPITAL CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c). 1 PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate costs (o), stoling the underly lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 20c. ACCIDENT WAS UNDERLYING (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 20c. ACCIDENT WAS UNDERLYING (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 20c. ACCIDENT WAS UNDERLYING (c) CONTRIBUTING COURSED (Enter noture of injury in Port 1 or Port 1 or Fort II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Not work of work of work of work 1 and work 1 and work 1 of work 1 of work 1 and work	Yeor 19 56
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MC KULLION Address MEMORIAL HOSPITAL	IF UNDER 24 HRS. Hours Min
13. FATHER'S NAME STEPHEN PAGENHARDT 15. WAS DECEASEDEVER IN U. S. ABMED FORCES? [16. SOCIAL SECURITY NO 17. INFORMANT Address MEMORIAL HOSPITAL — CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one couse per line [or (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] DUE TO Conditions, if any, which gove rise to immediate cotts (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING DOOR OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED HOW INJURY OCCURRED HOW of work of work of work of work. 21. I certify that I attended the deceased fram. 14. MOTHER'S MAIDEN NAME MEMORIAL HOSPITAL — CUMBERLAND, MD. Address MEMORIAL HOSPITAL — CUMB	· A ·
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ME.MORIAL HOSPITAL - CUMBERLAND, MD.	
PART I. DEATH WAS CAUSED BY: DUE TO DUE TO DUE TO DUE TO DUE TO	
Conditions, if any, which gove rise to immediate coese (o), stating the under. Iying couse lost. DUE TO	RVAL BETWEEN ET AND DEATH
gove rise to immediate code (a), stoling the under. Due to Iying couse lost. (c)	
20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Port II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 While Not while of work 19 Other work 19	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m., 19 While of work of work 19 to	. WAS AUTOPSY PERFORMED? YES NO [2]
Hour a. m. p. m. 19 While Not while of work of foctory, street, office bldg., etc.) 21. I certify that I attended the deceased fram. 19 To work of foctory, street, office bldg., etc.) 19 To work of foctory, street, office bldg., etc.)	
	(Stote)
alive an	
ACTUAL SIGNATURE 1 X. Millians M.D. Charles (Street, city or town, state)	DATE SIGN
PHYSICIAN'S W. F. Williams, M.D.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. HAME OF GEMETERY OF CREMATORY 22d JOCATION (GITY, town, or country) 22d JOCATION (GITY, or country) 22d JOCATION (GITY, or country) 22d JOCATION (GITY, or country) 22d JOCATIO	(Stolet)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LAND LAND LAND LAND LAND LAND LAND LAND	-m.2

Z N U

9551

13 0

tin torporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 AFF CODY 2399 CERTIFICATE OF DEATH death. Reg. Dist. No.... er dea third 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Allegany STATE Maryland COUNTY Allegany COUNTY MARYLAND hours 72 hours Ili outside comporate fimits, write RURAL LENGTH OF STAY (It outside corporete limits, write RURAL and give nearest town) end give nearest town) TOWN Cumberland TOWN Cumberland HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Allegany County Infirmary within funeral 735 Fayette Street 3. NAME OF (Middle) (Lest) Year DECEASED registrar DEATHMarch (Typa or Print) Th1 Anna 8. DATE OF BIRTH IJE UNDER 24 HRS 6. COLOR OR SINGLE, MARRIED. 9. AGE last birthday IF UNDER 1 YEAR à RACE WIDOWED, DIYORCED. Months Hours (Specify) Widow White Female he _€ 10b. KIND OF BUSINESS 10e, USUAL OCCUPATION (Give kind of work BIRTHPLACE (Slete or foreign country) CITIZEN OF WHAT fi kil done during most of working life, even if refired) Housewife OR INDUSTRY COUNTRY? Frankfort, Germany
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME completely Christian Weisenmiller Marie Missie 16. SOCIAL SECURITY NO. (If Yes, give wer or dates of service) Allegany County Infirmary Records INTERVAL BETWEEN 18. MEDICAL CERTIFICATION T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician LL & DA MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) The law requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. attending pt DUE TO detached II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the DISEASE OR CONDITION CAUSING DEATH 9 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: 8 YES NO Ъ 21c. WHERE DID INJURY OCCUR? (City or lown) 21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.) (County) (Stete) 21e. ACCIDENT WAS UNDERLYING [1] executed OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: certificate assembly 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) While Not while at work el work peen 22. I hereby certify that I attended the deceased from the Mer 15. 1956 that I last saw the deceased alive on Thank 14, 19,562 and that death occurred at 5.30 CM, from the causes and on the date stated above. ADDRESS (Street, city, town, state) SIGNATURE certificate death 23. BURNAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) (Stale) AISC Burial Peter & Paul Cumberland Marvland REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Stein, Inc. Cumberland, Md.

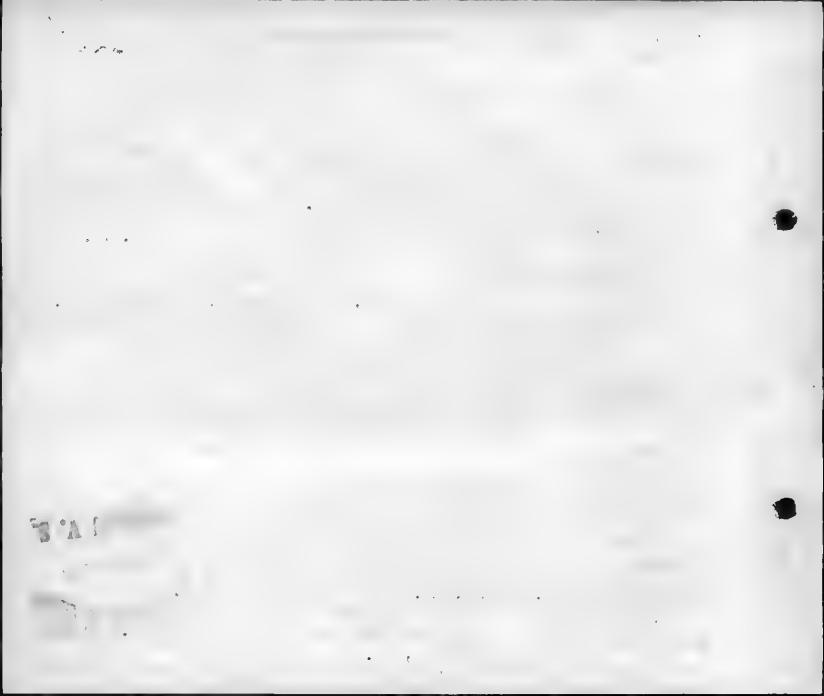


nin corporate	e it	Hitch	ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH	02416
cremation		PLACE OF DEATH D. COUNTY Allerany MARYLAND	Reg. Di 2. USUAL RESIDENCE (Where deceased lived. If institutions Resides	
buriof,		c. CITY OR TOWN (toutside corporate limits, write RURAL and give represt fown) Comborland 73 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and Curberland	- '
pror p	1 -	s. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ead on arrial at Sacred H. Nospi	d. STREET ADDRESS tal 473 Paltimore Ave	IS RESIDENCE ON A FARM? YES NO
egistror		NAME OF First Middle DECEASED Type or print) Dennis Tredrich	Lost 4. DATE Month OF Larch	Day Year 19 19 56
th the c	5	male white widowed Divorced	Sent.17-1882 73 yrs. Months 1	YEAR IF UNDER 24 HRS. Days Hours Min.
ond 2 w	L	. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUS luring most of working life, even if refired) Stern Grane operator, 18.0.7. Use	TRY II. BIRTHPLACE (Stote or foreign country) 12. CITIL Green 'pring, 'I. Va.	TEN OF WHAT COUNTRY $ \begin{array}{c} \bullet & \bullet & \wedge & \bullet \\ \bullet & \bullet & \wedge & \bullet \\ \end{array} $
poges 1 o		Josepi. Vagner	14. MOTHER'S MAIDEN NAME L'artha Jane Herns	
File pe	15	. no, at unknown) [(If yes, give war or dates of service)	Address daughter)Mrs.R.Dern,Gr berl	
Permit		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lusion	Sudden
with fo		DUE TO .	erosis	r.
in peng e along o burio		(a), stating the underlying DUE TO		
o de constante de	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT I		1(a) 19 WAS AUTOPSY PERFORMED? YES NO 12
rold be		PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)	
ge 3 sho	MFDICAL	Hour a.m. While Nat while fact p.m. 19 of work at work	CEO FINJURY (Home, farm., 20f. (City or tawn) (Caulory, street, affice bldg., etc.)	
OR: Po		21. I certify that I taak charge of the remains described abo death resulted fram: Natural causes &, Accident [], Su	ove, held an Autapsy, Inspection, Inquiry icide, Hamicide, Undetermined cause	
DIRECT THE COLUMN THE	ľ	ACTUAL SIGNATURE 14. V. Comong M. D.	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
worded worded cemovol.		EXAMINER'S TO V. Dealing L.D.	ASSISTANT MEDICAL EXAMINER DEPUTY DE	956
To To		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) March 21, 1956 Hillorest B FUNERAL DIRECTOR'S SIGNATURE ADDRESS	urial Park Cumberland Maryla	
5ME(5) 1/55	23.	H. Lee Silcox, Cumberland, Maryland.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	in M.D.

The state of the s

SAL IN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



A to cook the state of the stat MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02418 CERTIFICATE OF DEATH death. third 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED 42 Allegany STATE Maryland COUNTY Allerany COUNTY MARYLAND hours 72 hours (If outside corporate limits, write RURAL and give nearest town) within (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) end give nearest town) TOWN Cumberland TOWN umberland (If rural give location) HOSPITAL OR STREET INSTITUTION OR **ADDRESS** 313 Central Contral Avenue STREET ADDRESS Avenue DATE (Month) (First) (Day) (Middle) (Year) 3. NAME OF (Lest) DECEASED registra ' TILLS 56 march DEATH (Type or Print) IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday WIDOWED, DIVORCED, RACE Months June (Specify), LCOWAD the .⊆ 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work with filled done during most of working life, even if retired) ITOUSEWIIE OR INDUSTRY requires that the death completely filled i transit permit. Cumberland. arvland Own Heme 13. FATHER'S NAME NSTRUCTIONS 14. MOTHER'S MAIDEN NAME JELY CELLUS ELLARUSCI3 physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 313 Central avenue certificate (II Yes, give wer or detas of service) (Yas, po, or unk.) Le jinald Lells, Jumberland. Jone INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death mouth 33 IMMEDIATE CAUSE U.50 DUE TO ANTECEDENT CAUSE(S) The law requires that the ted by the attending ph attending pr DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO the attendams be detached 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 80 NO X 21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, Jarm, Jectory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work et work peen 195 km, that I last saw the deceased 22. I hereby certify that I attended the deceased from ...

TO FUNERAL DIRECTOR: certificate assembly has ADDRESS (Street, city, town, state) SIGNATURE 1-55 1DM certificate death BURIAL, CREMATION, REMOVAL/(SPECIFY) NAME OF CEMETERY OR LOCATION (City, town, or county) DATE THEREOF lastif p Summer Cemetery <u>Vumberland</u> 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR

. --arylund John J. Hafer, Cumberland, Maryland

8 A U

. After copy 1. PLACE OF DEATH COUNTY Allegany COUNTY ATTEMANY MARYLAND 72 hour director, CITY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN Cumberland TOWN Chr ser and HOSPITAL OR STREET (If rurel give locetion) INSTITUTION OR ADDRESS STREET ADDRESS 22 Robert St. W. Robert St. 3. NAME OF (First) (Middle) (Lust) 4. DATE (Month) (Year) DECEASED Elizabeth registrar Whi trore (Type or Print) . DEATH Z-TI-FC 19 6. COLOR OR SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE lest birthdey HE UNDER 24 HRS þ IF UNDER 1 YEAR RACE WIDOWED, DIVORCED. Months Devs Hours (Specify) ino red Dec. :6 <u>۽</u> ي IDe. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY completely fille Orgridge, Bedford Co. relired Onsewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lxanander Holler Ma v Gondon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS death certificate (Yes, no, or unk.) (If Yes, give wer or deles of service) burial rs. Anna Shanha JO. INTERVAL BETWEEN attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician SE DUE TO ANTECEDENT CAUSE(S) that the DISEASES OR CONDITIONS, IF ANY. The law requires that the sted by the attending p should be detached for GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2D AUTOPSY 7 YES T NO 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) executed (Steta) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: 1 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) assembly 214. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work et work that I attended the deceased from 19 to 19 to 19 that I last saw the deceased from 19 FUNERAL DIR certificate has be death certificate a aliveron. ...) 10. SIGNATURE: ADDRESS (Sireal, city, lown, state) DATE SIGNED certificate M.D. death BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Steta) A15C Burial Hyndman S 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE ADDRESS

marke il



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2403 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. N PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Imitiation, Residence before admission) a. COUNTY b. COUNTY Allerant Allegany O. STATE Hd. 桶 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ciriberland 35 years Cumberland 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Sacred Meart Mosmital 110 W.3rd.St. Middle 4. DATE far your DECEASED Susanne Farch (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 유 los[_bscthday] white female Months Sept.29-1874 WIDOWED FT DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ~ during most of working life, even if retired) puo Frostburg ...d. U.S.A. Own Home 13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME Sarah lelenzie 'c lenzie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address no none Mrs. Trances Michard Cumberland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Chronic wocarditis about IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis Conditions, If ony, which] gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19, WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o.m. Not while While of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [5], Inquiry [7], and find that death resulted fram: Natural causes 17. Accident . Suicide . Hamicide . Undetermined cause certificate, we do not be chie ACTUAL CHIEF MEDICAL EXAMINER cute the cert forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER [7] DEPUTY EXAMINER'S

VS. A15ME(5) 5M 9/55

0

H.V. Deming DEPUTY MEDICAL EXAMINER EFT arch 21-1956 NAME (Type) 220. BUR AL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St. Mary's Cemetery Cumberland, Maryland. March 31, 1956 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Charles L. George, Cumberland, Maryland. DATE apr. 4. 1952 . Frank Jan 2 8 14

. IS RESIDENCE ON A FARM?

YES NOT

19

INTERVAL BETWEEN ONSEL AND DEATH

yrs.

PERFORMED? NO M

DATE SIGNED

(State)

56

BEC. L.

18

TO ATTENDING PHYSICIAN

VS A15C 1.55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02421

CERTIFICATE OF DEATH 2417

Reg. Dist. No.....

1. PLACE OF DEATH		1 2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany	MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside corporere limits, write RURAL OR end give neerest town)	LENGTH OF STAY (In this place)	CITY (If outside corporete fimits, write RURAL and give nearest town) OR
Trostburg Frostburg	10 days	Town Frostburg
HOSPITAL OR	1 10 44,75	STREET (# zurel give location)
INSTITUTION OR	. 3	ADDRESS
* STREET ADDRESS Miners Hospit		134 Bowery St.
3. NAME OF (First) DECEASED	(Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) EMMA	W. W	ILLIAMS DEATH March 29.19 56
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE C	
formalo sabito (Specily)	narried 5-5-	1907 FQ Months Days Hours Min
The state of the s	KIND OF BUSINESS	
done during most of working life, even if	OR INDUSTRY	COUNTRY?
refired) housework o	wn home	Maryland USA
13. FATHER'S NAME		14, MOTHER'S MAIDEN NAME
Joseph Whetstone		Katherine House
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) [If Yes, give wer or dates of service)	none	Cambira Williams, Frostburg, Md
	16. MEDICAL CER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		ONSET AND DEATH
27 / SIMMEDIATE CAUSE (A)	Corebral	temorrhage 1/days
ANTECEDENT CAUSE(S) DUE TO). 1.	91111
DISEASES OR CONDITIONS IF ANY (B)	nalianent	by lasendon Upas
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	1	
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1. 1. it . 7	
DISEASE OR CONDITION CAUSING DEATH.	Ellele Cole	ver pelegala
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION	2D. AUTOPSY?
1	, s	YES NO Y
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING GALISE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL CAMBRER)	ome, form, fectory,	Ric. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
	10. INJURY OCCURRED 1	211. HOW DID INJURY OCCUR?
V	Vhile Not while twork et work	
		E1 2 20 F1
		, 19.56, to. 3-29, 19.56, that I last saw the decease
alive on 37 29 1956 a	nd that death occurred at	3.P.JM, from the causes and on the date stated above.
SIGNATURE ()	,	ADDRESS (Street, city, town, stete) DATE BIGNE
The Wield	M.D. //	1 sottema, Mil, 120/56
23. BUR AL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) Burial 4-1-1956	Fibg. Memo	rial Park / Frostburg, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	KI A	J. R. Durst, Frostburg, Md.
DATE 4-1-56 MULL X/11/11	III N. Kas	9. V. Date d' Lingepare d' Lice

Blick

9967 7 U.S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3 W ANTONA

* ·

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	22
lithig carpor	ate	e limits 2404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.	43
1/8	1	1. PLACE OF DEATH o. COUNTY Allogany Maryland 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before adm o. STATE L. COUNTY Allogany Allogany	
riol.		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest to and give nearest to and give nearest to and give nearest to and give nearest to an account to the composition of the composit	
A nu l		Cumberland Cumberland '22	
۶ کا		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS R ON	ES DENCE
P		The state of the s	K ON
your f	. 3	(Type or print) Heleh Wineow CF DEATH March 25 to	19 56
P P	5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN years IF UNDER TYEAR IF UND	
. E		ferrole white widowed by divorced 1 Aug. 16-1894 61 ya.	Min.
2 w	, 1	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if refired)	COUNTRY
pud gud	/ _	lousewife Cumberland, Md. U.S.A.	
4 1 0 may	1	13. FATHER'S NAME	
un go \ `	4	Walter Stanley Plizabeth Webster	
90 e		15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) [If yes, give wor or doles of service)	
면 대표	-	no None (niece) l'rs. Tarold '. Smith, Cumberl	
₹ Ē		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:	
E 20		IMMEDIATE CAUSE (0) Pulcionary honorrhage 2 hr	S.
ansi.		7/4 N DUE TO	
B 2		Conditions, if ony, which by Metastatic carcinoma of the uterus. ?	
a olon o buri		(a), staling the underlying DUE TO (c)	
So Office	2	[YES D]	AUTOPSY ORMED?
aminer'	O. D.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) CAUSE OF DEATH.	
a 3 shou	10000	20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (Caunty)	(Slote)
P So		21. I certify that I took charge of the remains described above, held an Autopsy 🖹, Inspection 🖹, Inquiry 🖺, and	find the
S e e e		death resulted from: Notural causes 🖪. Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined cause 🗍.	
to the C DIRECTO		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER []	SIGNED
		EXAMINER'S.	
FUNERA FUNERA F remove		NAME (Type) II. V. Deming II. D. Deputy Medical examiner 11 11 11 26-1956	
	2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stoll REMOVAL (Specify)	e)
5 P		Burial March 28, 1956 Rese Hill Constery Cumberland Manyland	
.15ME(5)	2	23, FUNERAL DIRECTOR'S SIGNATURE . ADDRESS 240, REGISTRAR 246, REG	λ
9/55	L	Charles L. George, Cumberland, Maryland, Wastelf 27 1956 alk trank, M.	().
	-		

Sect : William A Property of the Section of the Sec

within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PLYSICIAN: The low requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0	2	4	2	4

		CEKII	FICATE OF DEATH	Reg. Dist. No.
1	o. COUNTY Alleg	any MAR	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	b. COUNTY Aldegany
	b. CITY OR TOWN (If outside con RURAL ond give negrest town) 2 Cumberland		IN 1b c. CITY OR TOWN (If outside corpor Cumberland,	rote limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (IF not in or institution 210 Paca		d. STREET ADDRESS 210 Paca St.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First Middle CAROL ANN	WITT OF DEATH	Month Day Year March 14, 1956
.5	Female Whi	te 7. MARRIED NEVER MARRIED DIVORCE		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy) Months Doys Hours Min.
/	o. USUAL OCCUPATION (Give kir during most of working life, eve NONE	nd of work done 10b. KIND OF BUSINESS (en if retired) None	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign co	- 0
1:	James W. Ha	itt	JoAnn Williso	
19		ARMED FORCES? 16. SOCIAL SECURITY NO None		Address
Ceptilitation	200. ACCIDENT WAS UNDERLY OR CONTRIBUTING II CAUSE OF EITHER, NOTIFY MEDICAL EX	TOMALL (TUAL)		CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED. YES NO DE 18.]
24 (20)	20c. TIME OF INJURY Month, Hour e. m. p. m.	Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	or town) (County) (Stote
	21. I certify that I after alive an	0. 11-		the causes and an the date stated abaretity or lown, state) DATE SIGN COLUMN STATE SIGN

VS A1S (4) 15M 9/SS

2060202375

h * .. the transfer of the second Wilder of Person Co. P. Carl and the proof of t

	corpional	6 1	Imits
TO DEPUTY MEDICAL EXAMATERS: This certificate should be executed within 24 hours ofter denut. If any delay is necessary, please exercise this certificate, writing word "pending" in pencil in Item 18. Give Pages 1, 2, and 31 be funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld lie used as a buriot-transit permit. File pages 1 and 2 with the registrar prior to buriot, cremation,		1.	PLACE C
ofter detail if any deloy is necessory, p. 2, and 3. The funeral director. Poge 4 is be retained for your files, and 2 with the registror prior to burial, in	()	1	b. CITY (
r. Po		0	CITY Cond g
is ne		0	I NAME
of dis		3.	NAME OF
funer funer f you regis			
± 0 2 0		5. 3	ma.
eto se	2	100	_
ond ond	1	R	etij
moy moy	(1))	
24 ho		15. (Yes	WAS DO
E SA EE	0		no
PM.			18. CAL
form form sit p			4
be e.			Candi
ould penc plong burio			gove ri (a), ste
fice of so oso		Z	
ding s Of	0	CATI	
is cer		MEDICAL CERTIFICATION	20a, EX PRIMAR CAUSE
Fxord Exord Fxord Theorem		CAL	20c. TIA
d de de		MED	Н
inting Med			21. I death
CTORIO			death
Hifico the o the DIRE			ACTUA
RAL PAR			EXAM
cute the ce forwarded FUNERAL		220	- BURIAL
TO DEPUTY MEDICAL EXAMPLES: This certificate should be executed within 24 hours after deput. If any delay is cute that certificate, writing word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. We funeral directionworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior concerned.			BURIAL REMOV

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02425

	nce before admission)
MC. ATT	OCONT
	EMETTY
i 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Cumberland	2
d. STREET ADDRESS	. IS RESIDENCE ON A FARM?
247 Columbia St.	YES NO 3
Woltz death March	Day Year 5 19 56
magnina (Days Hours Min.
	TEN OF WHAT COUNTRY
ust Hagerstown Md. II.	S.A.
14. MOTHER'S MAIDEN NAME	
Katherine Albert	
(son) William Woltz, Cumberla	nd Md.
is with hypertention	Gradual about 2 years.
lerosis	?
	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or lown) (Court	nty) (State)
Suicide , Hamicide , Undetermined cause . M.D. CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . Larch	DATE SIGNED 5-1956 (Stote)
	d. STREET ADDRESS 247 Columbia St. Lost 4. DATE Month Woltz DEATH March 8. DATE OF BIRTH 9. AGE (in your lost birthday) Sent 20_1882 73 yrs. If UNDER Months In Its Birthflace (State or foreign country) LUSTRY II. BIRTHFLACE (State or foreign country) LUST Hagerstown, Md. 14. MOTHER'S MAIDEN NAME Katherine Albert 17. INFORMANT Address (Son) William Woltz, Cumberla Lailure Lis with hypertention Lerosis BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART D. (Enter nature of injury in Part L or Part II of item 18.) PLACE OF INJURY (Home, form, 20f. (City or lown) (Country, street, office bidg., etc.) PLACE OF INJURY (Home, form, 20f. (City or lown) (Country) Suicide , Homicide , Undetermined cause ASSISTANT MEDICAL EXAMINER 120 Country Medical EXAMINER 120 Countr

VS. ATSME(S) 5M 9/55

TO DEPUTY MEDICAL

MEDICAL EXAMINER & CERTIFICATE OF WAYING AND THE

100

BUREAU V. S.

3821 8 AAM

BECEINED